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LESIONS OF THE ESOPHAGUS*

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The "little red lane" of childhood's memory and imagination is not always the peaceful canal through which placidly passes the food that supplies most of the elements for growth and energy. After full growth is attained only replacement and energy fuel is needed. Close observation shows that many adults ship through this canal supplies, beyond requirements for their sedentary existence, and often of questionable character. With the careless eater the bolus may be gulped down too hot, too cold or too large. It may contain bones or other foreign bodies. Adventure and tragedies may center along this short but vital channel.

The esophagus in the average sized adult is 25 centimeters or 10 inches long. This muscular tube extends from the pharynx to the stomach. The upper end is marked anteriorly by the level of the lower border of the cricoid cartilage and posteriorly by the top of the sixth cervical vertebra in the midline. The lower end is marked by the hiatus of the diaphragm opposite the tenth thoracic vertebra as the esophagus enters the stomach. It is marked anteriorly by the seventh left costal cartilage.

Abel¹ described five normal constrictions of the esophagus—

1. At the upper orifice at the level of the lower border of the cricoid cartilage.
2. At the level of the upper aperture of the thorax. This narrowing is due to the crowding together of the structures passing through this upper opening of the chest.

Foreign bodies are most frequently arrested here.

3. Behind the arch of the aorta—at the level of the fourth thoracic vertebra.

4. Behind the left bronchus—opposite the fifth thoracic vertebra.

5. At the hiatus of the diaphragm—opposite the tenth thoracic vertebra.

There are two definite sphincters. At the upper orifice the lower fibres of the inferior pharyngeal constrictor muscle from the crico-pharyngeal sphincter which draws the posterior lip of the esophagus against the cricoid cartilage, closing the canal.

The inferior or cardiac sphincter is a specialized portion of circular muscle fibres extending about one inch and stopping one inch above the lower orifice of the lumen of the esophagus. These sphincters are normally in a state of tonic contraction.

The physiologists have supplied much information concerning the reflex action of the sphincters. The upper sphincter relaxes as the normal bolus of food passes through the pharynx. If it is too hot or too cold or too caustic a second reflex is excited, and a spasm is reported to occur at either the upper or lower sphincter. Recently, however, Hurst² denies that there is a spasm of these sphincters but that the reflex of relaxation is

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interfered with. He claims that at autopsy there has never been found hypertrophy of these muscles such as would occur if there were prolonged spasm. However, the end-result is the same, for there is obstruction, with unpleasant effects. This condition may be brought on by a nervous system upset from sudden shock or prolonged worry. I wish to present a case with brief history and x-ray picture illustrating this. (The cases presented today are to point out possible complications.)

CARDIOSPASM

Case 1, No. 204686.—This patient came to us from New York City on August 28, 1934. Her chief complaint was difficulty in swallowing, with associated feeling of fullness in the neck of five years' duration and with uncontrollable regurgitation of food and thick mucus of one year's duration. She stated that she was quite well until the summer of 1929, when she first noticed difficulty in swallowing and a sensation of fullness in her neck. She had lost her husband and all of her property. She noticed a peculiar sound as though air were rushing in her neck. This condition progressed gradually until about a year ago, at which time her father died suddenly. The condition rapidly became much worse. She now had very frequent spells of regurgitation without nausea, usually following the taking of food; but she had no gastric distress. She regurgitates and then comes back and finishes her meal. At night she has paroxysms of coughing, and in the morning is surprised to find thick mucus and undigested food on her pillow. She has observed undigested food taken twenty-four hours previously. During the last year she has become exceedingly nervous. She tires easily and her heart pounds rapidly. The history suggests cardiospasm. Gastro-intestinal x-rays confirmed this, showing evidence of a constriction of the cardiac end of the esophagus (Fig. 1). There was no evidence of filling defect, and there was marked dilatation of the esophagus above the constriction. Reverse peristalsis could be seen on fluoroscopic examination, and an x-ray diagnosis of cardiospasm was made.

She now tells us that the diagnosis of cardiospasm had previously been made in New York and that she had taken large doses of belladonna without benefit. Treatment here has consisted in lavage of the esophagus and the swallowing of a heavy silk thread with a very small metal tip. Dilatation was carried out by Dr. Mateer on September 4, 1934. An air pressure bag, measuring five and a half inches in circumference, was used, and an air pressure of 270 millimeters was maintained for twenty minutes.

Since the dilatation the patient has improved. She eats normally and she has been much more relaxed. She is now on a high caloric, low residue diet with high vitamin content. While she swallows without difficulty, much attention must yet be directed to her neuro-psychiatric condition and further dilatation, if she has a recurrence, will be necessary.

The peristaltic mechanism of the esophagus is controlled through the sympathetic nervous system. During recent years much surgery has been done on the sympathetics in an effort to treat many conditions due to

disturbance of its proper function, especially in connection with the cardiovascular system. One of my associates, Dr. L. S. Fallis, returned only last week from a visit to the English Clinics, and reports that Mr. George Gask, Professor of Surgery in the University of London and Chief of Staff at St. Bartholomews Hospital, has recently developed a new operation for the treatment of cardiospasm. In two cases he has stripped the adventitia with the sympathetics from the celiac axis (the La Riche type of operation) and obtained cures. He also reports that Mr. Quarry Wood, a surgeon on the staff of the Royal Infirmary in Edinburgh, has found in many dissections that the sympathetic nerve supply to the lower end of the esophagus is derived almost entirely, if not completely, from fibres accompanying the left gastric artery. He accordingly has severed this artery between its origin and the esophageal branches. This is, of course, a much simpler operation, for the celiac axis is not easily accessible.

Cardiospasm is probably a true neuro-pathic condition and we doubt whether such operations should be done except in a rarely persistent case; for our present method of forcible dilatation, with careful attention to the neuro-psychiatric condition, has been satisfactory in a fairly large series treated by Dr. Mateer and Dr. Kreutz.

It should be borne in mind, however, that a rigid instrument in the esophagus in the hands of a patient or unskilled doctor is fraught with danger of perforation.

Hurst² describes recently achalasia, which is a disease of anemic women associated with glossy, smooth, patchy tongue and also some failure of the sphincters of the esophagus to relax.

Today, rather than devote attention to one lesion I have chosen to present several cases which illustrate various lesions and also the advances in the means of diagnosis and methods of treatment during the lifetime of many of us present. I well remember forty or forty-five years ago the chief instrument of my father, who is still practicing medicine at the age of 80. It was a large bolus of soft bread or banana used in an effort to dislodge a fish bone, the presence of which could neither be proved nor disproved. The x-ray and the esophagoscope were unheard of at that time. The probang and bougie about completed the armamentarium of the practitioner of those

days. Today, of course, with the aid of the x-ray, opaque meal and the esophagoscope, a new era is open.

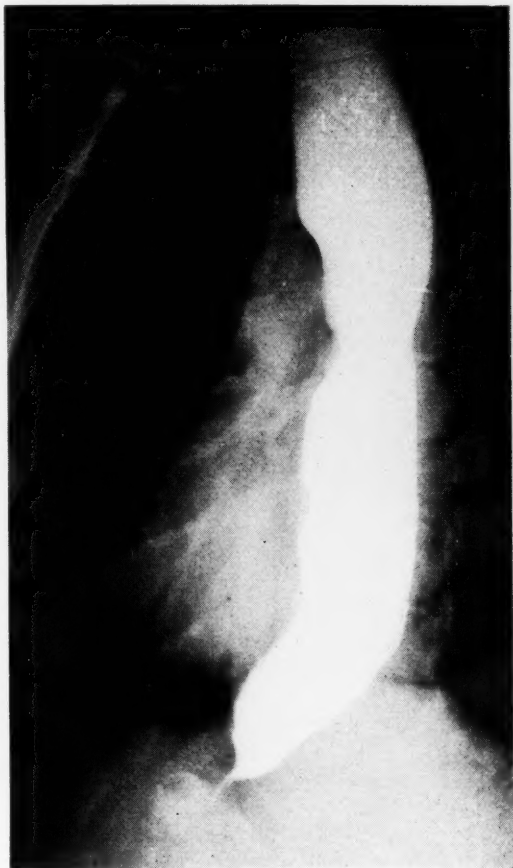


Fig. 1. Case 1. Typical case of cardiospasm, showing retention of barium.

FOREIGN BODIES

I wish to present two cases of foreign body in the esophagus, which at least were not located by x-ray examinations, though theoretically they should have been, nor was one of them located on examination with the esophagoscope.

Case 2, No. 188282.—An unmarried school teacher, aged forty-three years, was admitted May 22, 1933. She had eaten chicken two hours previously, at which time she felt something sharp strike the "right side of her throat about the region of the upper part of the chest." Such localization is misleading for a patient's sensation is not a criterion of the true site of the foreign body.

Examination of the region described showed no scratches or abrasions. The following day, May 23, a fluoroscopy of the esophagus was done with negative findings. The symptoms still persisted and on May 27, 1933, Dr. Kreutz did an esophagoscopy, and removed a foreign body. This was at the cricopharyngeal juncture. It was a sharp piece of bone which had perforated the esophagus, and was bathed in pus. Following its removal the patient continued to have a high daily temperature and pain and a fulness at the base of the left side of the neck developed. I saw her in consultation and advised incision and drainage, which was done on June 3, 1933. The esophagus was exposed through an incision along the anterior border of the left sterno mastoid muscle at the bottom of an abscess cavity.

A very foul, purulent material escaped. This abscess extended into the superior mediastinum into which I could pass my finger full length. Patient made an uninterrupted recovery and was discharged from the hospital on June 24, 1933.

One month later the wound had healed and she has had no further symptoms. More often such a mediastinitis is followed by death.

A side issue in this case in connection with insurance was as to whether the bone should have been in the dish served. In certain servings of chicken apparently bone is permissible and in others it is not.

TRAGEDY

Case 3, No. 131789.—Boy, aged twenty, was admitted on June 14, 1929, giving a history of having had a feeling of something sharp slip down his throat while eating chicken at 6 P. M. When first seen he was not particularly worried about his condition though his family were apprehensive. There was no particular pain.

Esophagoscopy was done following a negative x-ray of the esophagus. It was reported that there was no foreign body seen in the upper part of the region of the esophagus where foreign bodies usually appear. There was some injection in the mucous membrane in the mid-thoracic region. The patient became nervous and apprehensive. On June 18, he had a little pain in the mid-thoracic region but sedation was given and he seemed to improve. On June 22, eight days later, at his last visit to the hospital, he complained of a little pain on swallowing solid food. On June 24, ten days after the injury, he telephoned the hospital that he was symptom-free and was eating everything without pain, and that he did not feel it necessary to return to the hospital.

A report of an autopsy done at the County Morgue on this patient on July 12, 1929, showed a perforation of the aorta caused by a sliver of chicken bone.



Fig. 2. Typical case of foreign body in esophagus. Open safety-pin in esophagus, removed through esophagoscope.

ESOPHAGEAL VARICES

A third lesion of the esophagus not very common and usually a condition secondary to luetic or alcoholic cirrhosis of the liver is esophageal varices. These occur at the lower end of the esophagus and not infrequently are accompanied by hemorrhages. Such hemorrhages are frequently fatal as in the case of two doctor friends of mine whose names are familiar to you. I am presenting one case of such severe hemorrhages whose life has at least been prolonged if the condition has not been cured by repeated massive transfusions and two operations in an indirect approach at the cure of this condition.

Case 4, No. 183147.—A married housewife, aged forty-one years, was brought to us on March 29, 1933, as an emergency in a critical condition, with a history of recent large emeses of blood and the massive passage of blood by rectum. The patient had profuse hemorrhages while under observation. She vomited 600 c.c. of pure blood, and on another occasion 350 c.c. Repeated blood transfusions were given. Diagnosis of hemorrhage from esophageal varices was made by a process of exclusion based on the probability of patient having luetic scirrhus of the liver in view of a positive Wassermann, though the liver was barely palpable. The spleen was enlarged.

It was felt that the hemorrhages were coming from esophageal varices, and I ligated the coronary vein above the lesser curvature of the stomach on March 31, 1933. (This operation has recently been reported from the Mayo Clinic, and it does cut down the amount of congestion in the esophageal varix.) Following the operation she received numerous transfusions and eventually recovered, and was discharged from the hospital May 2, 1933. At the time of operation, with ligation of the vein, it was noted that she had a large spleen and only a mild cirrhosis of the liver. Splenectomy was considered, a tentative diagnosis of Banti's disease having been made, but the patient's condition would not permit splenectomy at that time.

She then had a comparatively long period of freedom from hemorrhage. On October 10, 1933, the patient was readmitted following a severe hemorrhage. She was again repeatedly transfused and her condition improved up to the point when operation could again be considered. Splenectomy was performed on October 24, 1933. The diagnosis of Banti's disease was confirmed at this time. The patient had a stormy, post-operative period, but since that time has steadily improved, and her condition is now (September 10, 1934) very satisfactory. She has had no further bleeding. It would seem that the removal of the spleen has slowed down the volume of blood passing through the esophageal veins, and has at least temporarily improved her condition. Direct approach to a bleeding varix may increase the hemorrhage rather than alleviate it.

CARCINOMA OF THE ESOPHAGUS

One-half of all lesions of the esophagus are cancer. Richard Cabot believes that more mistakes are made in diagnosing cancer of the esophagus than in any other condition. In 20 per cent of the cases dysphagia is never present. One in every twenty, or 5

per cent of all cancers, are of the esophagus; and less than ten have ever been cured.

We have had a fairly large series of cancer of the esophagus but I will present only one case briefly to point out the necessity of early esophagoscopy for early diagnosis.

Case 5, No. 192303.—This patient, an Hungarian sweeper, aged fifty-five years, was admitted October 5, 1933, with a history of dysphagia for the past two weeks. Solid foods seemed to stick about half way down. He had to wash his food down with liquids. Swallowing was often painful, especially with solid foods. He had lost ten pounds in weight in the past four or five weeks. He had pain in the right upper quadrant, which seemed to radiate around to the interscapular region. This pain was worse at night. He vomited food once or twice, but no blood. The condition had steadily been getting worse. He could not rest at night.

Physical examination had no special bearing on the condition. Hemoglobin was 75 per cent, Wbc. 10,600, blood Wassermann was negative. The x-rays showed an area of irregularity in the mid-portion of the esophagus with a traction diverticulum projecting posteriorly. There appeared to be a calcified gland in this region. There was not a complete obstruction. On October 9, 1933, Dr. Kreutz did an esophagoscopy and biopsy. At about the mid-point of the esophagus obstruction of a nodular type was met. The passage of a very small probe was possible. The growth had not yet fungated but bled quite readily. Clinically it appeared to be carcinoma. Biopsy showed squamous cell carcinoma, Type II.

On October 16, 1933, radium was inserted (140 mgm.) under local anesthesia. On October 24, 1933, he had gained almost ten pounds in weight, was able to eat without discomfort, and he was fairly comfortable.

Life probably could have been prolonged by gastrostomy. Patient died February, 1934.

Our own operations for carcinoma of the esophagus have been only of a palliative nature, such as gastrostomy, or surgical drainage of the mediastinum. The latter operation was done in three cases after ruptures of the esophagus years ago in Baltimore and Detroit. The skilled esophagoscopist of today does not have many such accidents.

Many operations have been done for removal of these difficult tumors. Restoration of the esophagus has been done by means of plastic skin tubes outside of the chest wall joining the proximal end of the esophagus in the neck and the small intestine or stomach below. I predict, with the increasing skill of those doing chest surgery, many advances are coming soon, on the direct approach to cancers of the esophagus.

STRICTURES

This paper would not be complete without presenting a stricture, and the classical example is in one who has swallowed lye.

Case 6, No. 161457.—The patient was admitted April 4, 1931, with chief complaint frequent vomiting.

He gave a history of having drunk some lye six weeks previously. He was treated for five days at the receiving hospital, and then returned home. After his return home his only symptom was excess saliva.

Wilcox³ in Detroit recently reported stricture of the esophagus due to tertiary syphilis.

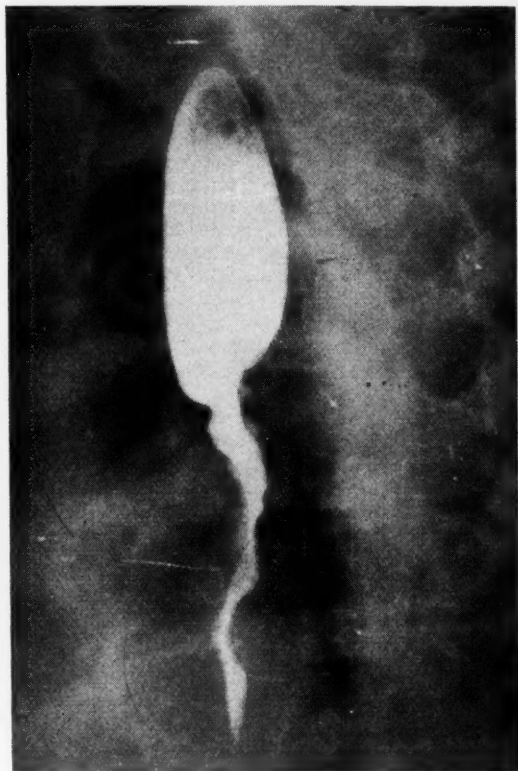


Fig. 3. Carcinoma of esophagus, showing obstruction and feathery edge of stricture, an important diagnostic feature.

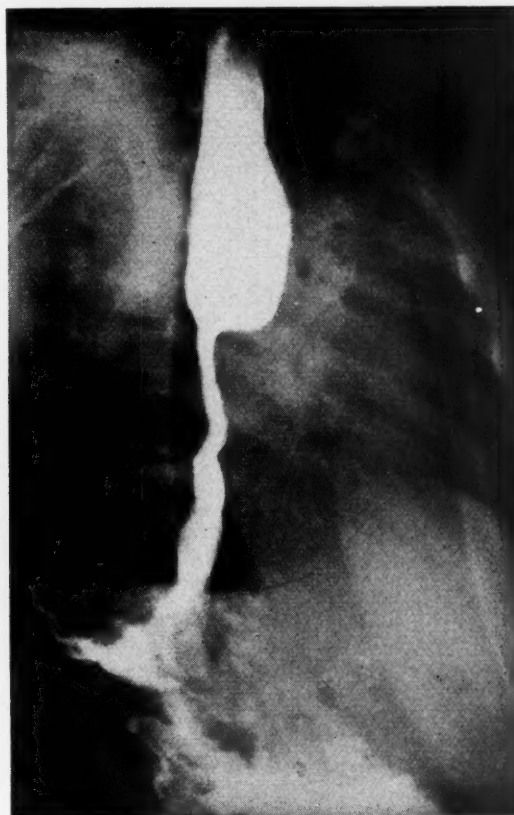


Fig. 4. Case 6. Stricture of the esophagus after drinking lye in suicidal attempt. Kept patent by frequent dilatations.

About three weeks prior to coming to the hospital he began to vomit food, and was able to retain only about half of what he ate. There had been only slight pain associated with vomiting, no history of hematemesis and no history of blood in the stools.

Physical examination showed evidence of emaciation and malnutrition. Otherwise it was negative. A blood Wassermann was negative. X-rays showed a smooth stricture at the level of the sixth dorsal vertebra. Dilatation of the stricture and gastrostomy were advised. Gastrostomy was done by Dr. Allen on April 22, 1931. Following this the patient's general condition improved. During the course of the next year the stricture was dilated twenty-eight times and the gastrostomy allowed to heal. He has not been seen since April 20, 1932, and there is no follow-up on him. This is a City Welfare case; so apparently his condition is satisfactory, else he would have returned and we would have seen more of him.

In our experience in Baltimore, New York City and Detroit, gastrostomy was first performed only on emaciated patients. Their strength was restored before the tedious dilatations were attempted. The swallowing of a thread as a safety measure for the instrumentation is desirable, and often absolutely necessary.

ULCERS

We have seen peptic ulcers of the esophagus and seen them respond to ordinary gastric ulcer therapy—sometimes surgical with a gastro-enterostomy.

Case 7, No. 34744.—Ulcer with stricture—probably not peptic.

This man, now aged fifty-one years, was first seen here ten years ago, at which time he gave some vague symptoms of gastric distress and occasional vomiting and nausea. During the intervening ten years he became a narcotic addict, and was a pronounced alcoholic. He returned here again on January 5, 1933, with a diagnosis of ulcer of the esophagus which was confirmed at a clinic in Pennsylvania. The diagnosis of esophageal ulcer was first made by Dr. William Hyland of Grand Rapids, who referred him to the clinic in Pennsylvania. He had apparently visited many clinics. He was at a Minnesota Clinic in 1930, where a diagnosis of mild depression with psychoneurosis was made. No definite mention was made of the esophageal condition. In March, 1931, he went to an Ohio Clinic, where a diagnosis of cirrhosis of the liver was made, largely on his alcoholic history, and omentopexy done. A portion of the liver removed at the time of the op-

eration failed to reveal any definite evidence of cirrhosis.

On admission here in January, 1933, he gave a history of having had regurgitation and pain for



Fig. 5. Diverticulum of esophagus. Anteroposterior and lateral views to demonstrate posterior position of the sac of the diverticulum.

the past two and a half years. On several occasions he had had a large hematemesis. In addition to the omentopexy, at a later date he had had his gall-bladder removed.

Esophagoscopy was done by Dr. Kreutz on January 30, 1933. The upper two-thirds of the esophagus was found to be normal. The lower third showed a small bleeding ulcer situated on the posterior and left side of the quadrant. This did not bleed very readily but was exquisitely tender, and below it the esophagus was definitely constricted, in a conical manner, to a diameter of 5 millimeters. A section of the stricture was taken for biopsy and this failed to reveal any evidence of malignancy. Repeated dilatations of the esophagus were advised and carried out. Since that date the patient has had repeated esophageal dilatations, and when last seen, on November 5, he was still very much emaciated and had difficulty in swallowing his food. Of course, here we must contend with the factor of chronic alcoholism, and drug addiction.

His physician later performed a gastrostomy on this patient. Improvement and gain in weight followed, but the patient died September 15, 1934, following a cerebral hemorrhage of one month previously.

DIVERTICULA OF THE ESOPHAGUS

For years this term was used for pharyngeal diverticula and so pharyngeal diverticula appear in the literature as esophageal diverticula. Not to change the nomenclature too quickly the term pharyngo-esophageal diverticula has been used, with good arguments in its favor. Lord Moynihan, a high authority, objects to this term on purely

anatomical grounds; and in 1932 he wrote a letter to *Surgery, Gynecology and Obstetrics* (54:128, Jan. 1932) saying:

"There is no such thing as 'pharyngo-esophageal' diverticulum. There are 'pharyngeal' diverticula, and 'esophageal' diverticula; those to which Dr. McEvers refers are pharyngeal. The name of Zenker must not be attached to these interesting sacs. They were first most accurately described and most perfectly illustrated by Ludlow in a letter to William Hunter in 1764. His specimen of a 'prenatural dilation of, and bag formed in, the pharynx' (please note 'pharynx') is still perfectly preserved in the Hunterian Museum at Glasgow. Monro, Sir Charles Bell, Matthew Baillie, and others gave accurate descriptions of the condition. Dr. McEvers speaks of the 'Lainer-Hackermann point.' It is Laimer who was professor at Graz, and Haeckermann, now of Bremen, in whom interest centers. The 'point' to which Dr. McEvers refers is not a point but an area. The 'Lainer-Hackermann point' becomes therefore the 'Laimer-Haeckermann area.' It is not true that in this area the pharyngeal pouches originate. They arise above the sphincter formed by the crico-pharyngeus muscle and the Laimer-Haeckermann area is not of the slightest importance. These elementary truths were pointed out by me in a paper in the *Lancet* which unhappily has escaped Dr. McEvers' notice. In the final paragraph of this Article I say, 'Few subjects in surgery are so littered with inaccurate references and incorrect names as this.'

"I write not solely to call attention to the facts mentioned, but to encourage my American friends to perform the operation of resection of these pharyngeal pouches in one stage. If a surgeon is competent and has perfect technique there is really no need whatever for operations in two stages. I have operated upon fifteen cases (one on the right side) and have never had any difficulty in obtaining healing by first intention."

There are esophageal diverticula resulting from injury to its wall from inflammation and then scar traction. These seldom demand or receive treatment.

To complete our case reports I will show a slide and present this case which formerly we would have called an esophageal diverticulum as it does arise through the fibres of the lower constrictor fibres of the pharynx, above the fibres of the crico-pharyngeal muscle.

Case 8, No. 178327.—The patient arrived from California and was admitted June 29, 1932. She was considering operation for esophageal diverticulum, which had been diagnosed the previous year. She also had a large substernal goiter bearing more to the left and pushing the trachea to the right. There was considerable calcification of this gland. She had been operated upon twenty-five years previously by Dr. Albert Kocher for goiter.

The patient eventually decided to go to Dr. Lahey for operation. He did this operation in two stages according to his method. The first stage was done September 27, 1932. The operation was difficult because of adhesions from the previous goiter operation. The second stage was done on October 7, eleven days later. Patient apparently made a satisfactory recovery from her operation. When she was

seen here in October, 1933, she had a stricture of the esophagus, which we found necessary to dilate.

Dr. Lahey advises dilatation of all of these patients as a routine after operation.

There are two schools, one advocating a single stage and the other the two stage operation for these diverticula. There was a third school advocating merely the diverticulo-pexy or the suturing of the tip of the sac to the structures in the neck anteriorly and higher up; and many good results were reported. A fourth school advocated inversion of the sac. In my own series of operations for this condition I have two patients who never would permit the second stage of the operation as they had obtained complete relief, and today they are well without any symptoms.

The chief advocates of the single stage operations are Lord Moynihan, Chevalier Jackson and Wilkie. The danger of this operation is leakage, cellulitis of the neck and mediastinitis—often fatal.

My own feeling is that the two stage operation is far the safer in the hands of the average surgeon. The sac inversion operations⁴ have been given up in favor of the two stage operation by most surgeons in this country. There are many advocates of the two stage operation. Lahey has recently reported a large series without a death.

I do want to emphasize that many patients with esophageal lesions are late in seeking advice; and the physician when consulted should be alert in seeking the correct diagnosis. This can only be made with the help of the x-ray, the esophagoscopist and the pathologist.

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THE PRESENT OBSTETRICAL PROBLEM*

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PONTIAC, MICHIGAN

Recently in magazines and newspapers, articles have appeared setting forth the dangers of childbirth in this country. The public has been aroused by these statements. Granting that obstetric mortality and morbidity are too high in this country, my contention is that this condition is not entirely the fault of the regular medical profession, but that there exist other contributory factors, which must be considered and remedied in solving this very important problem.

While there should be, under ideal conditions, practically no mortality following childbirth, and while the present mortality rate is unquestionably high, the sob sisters in the lay press should not lose sight of the fact that conditions have infinitely improved in the last fifty years. In the sixties, recalled by many men of today, at Bellevue, one of the best hospitals in New York City, sixty out of every hundred women confined in that institution died of puerperal sepsis. If the advance in scientific medicine during the last fifty years has lowered the nation-wide mortality to 6 per cent, is there not some

other explanation than ignorance or neglect on the part of the medical profession, to explain why this last percentage seems too high?

In my opinion the factors which contribute to the present high mortality rate are: public indifference to the advice of the medical profession; the attitude of the public towards the abortion problem; licensing of irregular medical practitioners; indiscriminate licensing of so-called maternity homes; emergency relief standards of medical practice; the failure of medical programs in the average home; inadequate undergraduate education in medical schools; and the failure of the medical profession to regulate the specialists' qualifications.

*Chairman's address delivered before Section of Obstetrics and Gynecology, Michigan State Medical Society, Battle Creek, Michigan, September 12, 1934.

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For several years the medical profession has been warning the public concerning the dangers of pregnancy and labor. For the most part these warnings have fallen on deaf ears. More consideration is given by the average family in the choice of color of the new automobile, than the choice of an obstetrician. The general public remains coldly indifferent to the ravages of the preventable toxemias of pregnancy, and is periodically wildly inflamed by the latest nudist colony. Obstetrics is the most common serious medical problem confronting the average family and in that respect mirrors the effectiveness of the whole program of modern medicine. From the general indifference, in my opinion, the conclusion is warranted that we have a long way to go in the education of the public in medical matters, that our program has not been effective, and that being heedless of the danger the average citizen helps to keep obstetric mortality rates high.

Hospital births have constantly increased, more people are seeking better obstetrical care, more completely trained obstetricians are available, and yet these facts are insignificant compared to the great number of births that still occur in homes, and under most unsatisfactory surroundings. In my opinion this condition will prevail for many years yet to come, and public interest and coöperation is vital if the conditions are to be improved. In the squalor of the below average American home of which there are unfortunately far too many, it is hopeless to match the safety and antiseptic regime of the elaborately equipped maternity wards, but as our program of medical progress unfolds these homes will be less frequently encountered. It doesn't help the cause of better obstetrics to have irresponsible authors flay the modern maternity hospital in the light of the overwhelming picture of unsanitary conditions with which modern obstetrics has to compete. The modern program of prenatal care and intranatal asepsis have yet to spread among millions, if the public does not know we must teach them.

Too little has been said about the abortion problem. Public opinion encourages the flourishing business of the quack, unscrupulous physicians and meddling females who engage in the traffic. The general attitude is one of good natured acquiescence. If a death results from this practice the culprit may be punished. The situation re-

garding abortions is somewhat analogous to that which existed during the prohibition era; there are adequate laws concerning abortion but public opinion discourages their enforcement except in the case of death. The hospitals and doctors bear the brunt of the criticisms, yet hospitals and doctors know that the abortionist is contributing abundantly to our present high mortality rates associated with reproduction. The abortion problem is a very ancient one, and probably will be a factor in obstetric mortality until enlightened opinion makes available contraceptive advice in place of abortions.

Government through abuse of its licensing powers is contributing to the high death rate in obstetrics. The protection of public health is a function of the government which we willingly delegate to public officials because of its primary importance. We give to the state the powers of licensing the cults who practice on the border line of medicine. These irregular practitioners soon transgress and begin to actually practice medicine, and are protected by their state license. Ill-defined laws permit them to safely transgress beyond the intent of their license. Because obstetrics constitutes such a large proportion of general medical practice it is not unusual to find these cultists practicing obstetrics, and from their unskillful ministrations a large number of unsavory obstetrical tragedies result for which the regular medical profession is usually blamed because the public makes no distinction between the doctor and the quack.

Again the State constantly grants a license to maternity homes. The State assumes to regulate maternity homes but really exercises no supervision over these homes once the license is secured. The result is the license issued by the state is a protection for any crooked work that goes on. In Oakland County there are fourteen licensed maternity homes, only three of these are general hospitals. They are in many cases veritable pest houses charging exorbitant rates for services they cannot render, with government sanction. Under the very eaves of an hundred-bed hospital there is little excuse for a one-bed maternity home. In the grand total of obstetric death rates these homes make their contribution.

It seems necessary to sound a word of warning about the present system of medical care under the Emergency Relief Commit-

tees of the various counties. For many years general practitioners have shuddered at the thought of state or socialized medicine, yet today they have been blindly participating in a program of state medicine. Medical relief as it is handled today in Michigan is a direct entry of the State into medicine, and the profession accepts it with an open hand. Look over all the vaunted benefits of state medicine, balance that against the present system of medical aid to the indigent and you have before you the full picture of what social medicine has to offer the American people. The public receives the most indifferent obstetrical care in the home—never in the hospital except in emergency cases—usually after failure of delivery in the home. Prenatal care is neglected or placed at a very minimum, naturally if the doctor is only to be paid for three antepartum visits that is all the patient will get. The competitive incentive so necessary to successful medical practice is removed under the present medical relief system, and no one can hope for improvement in the obstetrical statistics under such a system.

The medical profession has been so completely indicted upon the obstetrical problem and the arguments used are so well known that it seems unnecessary to spend much time upon that phase of the subject in this instance. The fact remains that the physician most assuredly cannot escape his responsibility in this problem, and that means as individual practitioners and as organized groups. The encouraging thing is that generally the doctor does not wish to escape doing his full duty to protect the public health. The physician remains the fighter who must bear the brunt of the attack upon the forces which destroy the mother and infant in childbirth. If this fighter in the front line trench is poorly trained, indifferent, or uses poor judgment, no matter how fine the plan of the general staff of the master strategists at the great University clinic—the whole fight is lost. Medicine must continue to develop a program of medical education which will train young men to perform the function of general practice which a majority of them are annually expected to assume. The man who enters the general practice of medicine is not necessarily expected to perform surgical operations of major importance, yet a majority of his undergraduate and post-graduate work has been in surgical fields. He is, however, expected at once to become an ob-

stetrician. Many young doctors get their start in medical practice because of their obstetrics, but they are not given adequate obstetrical training in medical college to prepare them for that career. Medicine, working to discharge its full responsibility to state and public must soon solve this problem.

Recent surveys by the New York Academy of Medicine and the United States Department of Labor, draw the conclusion that many maternal deaths are preventable. Many maternal deaths result from operations in labor by attendants whose training does not qualify them to undertake such major procedures. One great and lasting indictment against the medical profession is the improper use and abuse of obstetrical operative measures, and no one but the medical profession itself, by educational programs, post-graduate training, certification of specialists, staff organization of hospitals and constant propaganda can reduce the danger from this source. The frequent practice of assuming to be a specialist without necessary qualifications is something that the medical profession itself must control, through society boards or other means of examination and then inform the public adequately on the action taken. My conclusion in this respect is that today the public is becoming more and more medically enlightened, and that if the profession does not do some of these things itself, in a few years more it will be done by lay activity in a way much less pleasant and arbitrary to the interest of medicine.

Realizing that a great majority of obstetrics is practiced in the home, more emphasis should be placed upon this phase of medical service. If the blessings of modern medicine are to be of universal benefit, methods of home delivery must be taught the profession and the service which is carried into the home improved. Many clinics have out-patient dispensaries and their technic is quite satisfactory. But these methods need a more general application to be of service in reducing obstetric mortality. The ingenuity of modern men need not be stagnated by this problem of obstetrics but because of its century-old presence it should be a greater challenge.

The position of modern medicine in society is a very enviable one. However, the prestige of the medical profession has several weak spots; in other words, medicine

has not yet achieved equal prominence and success in all fields. Lay writers are only too glad to attack medicine, and like all good strategists they naturally pick out the places where the armor is weakest. Obstetrics as it is ultimately practiced in the homes of the public is one of the weak spots of medicine. All seem to agree that the maternal mortality and morbidity rates are too high. Medi-

cine is in the uncomfortable position of realizing the situation, knowing that the public and government are equally to blame, and yet having to take all the blame. My action has been prompted by a desire to call critics of medicine to task, and make them realize that they are partly to blame, and that medicine is aware of the difficulty and does not wish to escape its responsibility.

WHITHER SURGICAL PRACTICE*

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While this is a scientific section with its time supposedly taken up with clinical and scientific considerations, it has been urged upon me to bring before it some practical matters strewing the pathway of the surgeon of today with threatening and menacing difficulties and actually obnoxious obstructions. Not only are these disturbing the surgeon himself but they are hindering and altering the service he is prepared to deliver. The selection of the subject is emphasized, too, because it has been my lot to practice surgery with an office facing Lansing capitol square for more than twenty years, affording intimate relationship with legislative, social and economic problems, managed, directed, and interfered with, in my very neighborhood and with many intimacies and some animosities thereby created.

Prior to some fifteen years ago most medium sized cities had, not to exceed, one to three members of the profession who were accepted by their fellows and by laity as competent surgeons. Often in a medical center, there was a single outstanding and distinguished surgeon. Among the latter it was almost the rule that the fame of this man had extended far and the respect and confidence placed in him put him on a pedestal as adviser, teacher, and as a preceptor in its literal sense. It seems certain that the great energy directed towards hospital standardization has resulted in wider opportunity for training and later for practice, greatly changing former conditions and multiplying the number of surgeons. And there is another great change which has resulted, I think, from the same cause. Formerly all surgeons were, with very few exceptions, general surgeons entering any region of the body and attacking many organs. Specialization in various fields of surgery greatly

altered surgical practice. However, I think it is generally observed that the tendency today is towards reversion to general surgery just as there is a definite tendency towards general practice. And these tendencies result from the economic conditions experienced by both doctor and patient.

These trends and conditions have brought all surgeons to a commoner plane than heretofore, that is, outstanding reputations of individuals are less frequent and leaders and creators are comparatively fewer than formerly. It may be said without fear of successful contradiction that surgery is being done, at the present, with greater proficiency than ever in the past. Probably it must be admitted that opportunity is waning for brilliancy and for the spectacular because of the great accumulation of experience and the increased dissemination of knowledge and training.

One of the worst discouragements to the well trained young surgeon, at the present time, is that which legalizes equality in all registrants in medicine. He is without particular legal designation of extraordinary qualifications attained.

In consideration of needed amendments to Medical Practice Acts attempt has been made to give attention to the defining of specialists. It appears that there is no source that may be acceptably recognized to have

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legal authority from which definitions may be drawn. The special societies have done much to lay the foundation for the requisite qualifications for the practice of this and that specialty but to date they are held to be self-appointed bodies. Activities in hospital standardization have led to better selection of proper qualifications and to affect the restriction of the work in the various departments to those best qualified to do it.

When a surgeon has been ideally trained I think he will have difficulty in remembering when he did his first operation for he will have assisted and participated under guidance with increasing liberty as he gains in experience. He will never have plunged into deep water with another's life at stake before he has gained judgment and exactness which comes solely by repetition under instruction and guidance.

It is he who plunges in and attempts to do that for which he is not prepared and then meets with disaster because he becomes confronted with unexpected conditions that injures surgery and injures those who have conscientiously trained. A surgical disaster in a community usually reflects longer upon all recognized surgeons in that community than it does upon the one who fell into the trouble. As the tale is repeated the name of the perpetrator becomes lost and superseded by that of a reputable surgeon and then another and so on. Other hospitals are named. The reflection becomes general and surgery is badly condemned.

Individualism is an outstanding characteristic of the Doctor of Medicine. The nature of his experience makes it so. One who practices surgery exclusively may be less individualistic than the physician on account of the former's necessity and opportunity of contact. Whether it is realized or not a surgeon's practice is largely influenced by public opinion, requiring of the surgeon considerable recognition of it. If he could go a few steps farther in his experience with public opinion he could greatly aid the profession at large in its need for a better understanding by the public. Were this lack of understanding between the public and the medical profession not so, many of the State Legislative needs could have been obtained long ago.

Since its enactment in 1927, the provisions in the Crippled Children's Law and the administration of it are preventing the employment of many of the foremost ca-

pable surgeons of the State—an injustice to surgeon, patient and taxpayer. The inclusion of the administration of the Afflicted Children under the Crippled Children's Commission in 1933 has not lessened costs nor led to the general utilization of local surgeons as was intended. Judicious airing of such defects, unfair to surgeons, and of extravagances, burdening taxpayers, would soon lead to proper correction.

Economics and sociology are so engulfing the surgeon that many are not encouraging young men today to study medicine. There is a distinct fear or at least a fearful uncertainty of what the future holds. When we rebel at curtailments of our liberties and recite the restrictions to our neighbors in business and industry are we not told that ours are no worse than theirs? If this is true, and most doctors will not gainsay that it is, are we not driven into politics for great and essential reasons? Are we not more vitally concerned in the affairs of the nation than ever before in our lives? Is it not an opportunity to advance the needs we know best when one of our own number enters the political arena?

When federal provisions throw thousands into the medical service pot with medical service offered free to all comers under certain inclusive specifications and the profession is offered this as practice at fee schedules below the cost for which best scientific practice can be delivered, shall the profession be satisfied? It was not through preparedness of the profession that this occurred. And what is this sort of service leading towards? If there is no certain answer this may be said at least, "We're going away from accumulated standards and are threatening destruction to advancement of scientific practice. Initiative is being reduced and individual responsibility is being lessened."

While there is a large population that deserves aid there is included with them an enormous number of the undeserving, of malingers and of human parasites. On the other hand, there is a tremendous population who desire and demand individual medical service and desire to secure that good brand of service which is obtainable by paying going rates of service with the preservation of mutual independence and of that cherished relationship of doctor and patient.

In answer to the charge of the high cost

of surgery I quote from a paper I presented to a lay audience a year ago.

"If going to the hospital is for the sole purpose of trained care and opportunity of scientific service instead of luxurious bridal-chamber rooms and unneeded special nurses, with hours off, then and definitely then, costs will come down to levels not out of keeping with general ability and willingness to pay.

"There is no plausible reason for the contention of uplifters that the best medical care is the heritage of every American regardless of his means. Charity is not a franchise, it is only a favor, a favor proffered to the needy and to no one else. It may

impose upon the benefactor something he chooses to regard as a duty but it does not give a vested right to the beneficiary."

If the profession keeps its feet on the ground, if the profession continues to keep its shelves stocked with individual scientific service and takes care of its proper charity in traditional independent fashion, it will sustain its self-respect and retain public good will. It is declared we are entering a new era but we cannot suddenly leave behind old human nature.

INDICATIONS FOR AND TECHNIC OF THE INDIRECT CITRATE METHOD OF BLOOD TRANSFUSION*

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Transfusion of blood was attempted many years ago and by a great number of investigators who, always in search of the ideal method, had to surmount innumerable difficulties before the operation could be placed on the practical basis it is today. Many references have been made in the medical literature to the report of an attempt at transfusion by a Jewish physician, in 1492, prior to actual experimentation in the procedure, to save the life of Pope Innocent VIII. It is recorded that blood from the Pope was first allowed to run into the vein of a youth whose blood was then transferred into the vein of the old man. A. H. Matthews discredits this report, however, in his "Life and Times of Rodrigo Borgia," in which he says, "It is related that, during his last illness, the operation for transfusion of blood was unsuccessfully performed. This, however, is an error arising from two important facts: first, that the idea of this operation could not occur to any one to whom the circulation of the blood was unknown, and second, that the phenomenon of the circulation of the blood was not discovered until the seventeenth century. Raynaldus and Infessura say that a certain Jewish physician undertook to restore the Pope's health. For this purpose he drew all the blood out of three young boys, who immediately died. With their blood he prepared a draught which failed to improve the sick pontiff's condition. The saving virtue of drinking human blood was no new idea."²⁸

In 1628, William Harvey published his celebrated treatise, "Motion of the Heart and Blood," although in 1616 he had already

presented his views concerning the circulation of the blood in lectures at the College of Physicians. Some reference is made to transfusions performed by an Italian physician, Francesco Folli, in 1654, and by Daniel, of Leipzig, in 1664; most writers, however, regard Richard Lower, of England, who in 1665 was the first to practice blood transfusion experimentally, and Jean Denys, of France, who was the first to perform transfusion with human subjects, in 1667, as pioneers in this field. Lower effected transfusion by anastomosing the artery of one animal into the vein of another by means of a cannula, or pipe, and Denys successfully transfused a man with the blood of a lamb. About this same time similar procedures were being carried out by King, in England, by Immerets, in France, and by Riva, and Manfredi, in Italy.

Because of the number of deaths resulting from the practice, the operation was proscribed in France by the Supreme Court, and for more than a century no further work was done in blood transfusion. The new procedure had been enthusiastically received

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by the profession, but it was not until Blundell, in England, revived the interest of the medical world, in 1818, that further advancement was made. Blundell made use of blood transfusion on a larger scale. He employed a syringe connected by a two-way stopcock to a receptacle and to a tube which in turn was connected with a cannula for insertion into the vein of the recipient. He experimented first on dogs, transfusing from artery to vein; later, he performed transfusions in man. He reported four cases; in two of these his patients had died. The largest amount of blood he used was 480 c.c.

The injection of defibrinated blood was introduced by Bischoff, in 1835, and it became popular with such workers as Prevost, Panum, Dieffenbach, and Brown-Sequard. In spite of the objections of Koehler, Landois, Gesellius, Ponfick, and others, who saw danger in this form of transfusion because of the excess of fibrin-ferment injected, its use was continued throughout the nineteenth century and was also quite extensive during the first decade of this century. During this period Higginson and Aveling devised the method of using two cannulas, attached by tubing to a bulb syringe. A glass cannula was used by Gesellius and Leisrink in 1872; in 1875, transfusing directly from vein to vein, Landois employed cannulas and tubing.

In the latter part of the nineteenth century, transfusion became an established procedure and was practiced extensively. It was employed quite frequently in cases of carbon monoxide poisoning, and leukemia. Although these operations were at times very successful, severe reactions, such as oppressed breathing, choking, and other more or less serious symptoms, often occurred. These reactions were likely to be attributed to the accidental entrance of air into the vein; however, it is certain from our present knowledge that many of them were the result of incompatible bloods.

Among the first in this country to employ transfusion was Fryer, who recommended its use among asthenic patients before and after necessary surgical measures in order to avoid pyemia. The injurious effects of transfusing the bloods of dissimilar species were pointed out by Dumas, Prevost, and Landois. The value of transfusion following hemorrhage was early appreciated, although it is apparent that the transfusion

was employed solely with the view of replacing lost blood. In 1875, Lesser advocated autotransfusion by the application of Esmarch bandages to the extremities.

Following the introduction of normal saline solution for intravenous therapy in 1875, the employment of blood transfusions was gradually abandoned in favor of saline infusion. Hodder, in Canada, in 1850 had reported cases in which patients with cholera were treated successfully by intravenous injection of fresh cow's milk, and Brinton, lecturer at the Jefferson Medical College in 1878, advocated the injection of milk in place of blood transfusion.

At the beginning of the nineteenth century, the two chief dangers associated with blood transfusion, hemolysis and clotting, were rapidly being overcome. The phenomenon of the agglutination of human corpuscles by human serum was first pointed out by Landsteiner, and in 1901 he divided human subjects into three groups according to the agglutinating reaction of their blood. That human subjects fall into four groups was first proved by Jansky in 1907, and this was later confirmed by Moss and Ottenberg, working independently. Moss's classification is now used generally, although Ottenberg's classification is practically the same except that his Group IV is the Moss Group I, and vice versa.³¹

The microscopic test was the first method employed for determining the compatibility of the donor's and the recipient's blood. Although this method is time-consuming, since the test must extend over night to obtain the most accurate results, it is an excellent one and is still employed in some hospitals. However, various workers have developed a number of more rapid microscopic methods which are now usually preferred.

The Brem method is one which has been found to be exceedingly satisfactory. In this procedure it is necessary to have on hand serum and fresh corpuscle suspension, either of Group II or Group III, and both the serum and corpuscle suspension of the unknown. It is preferable to use blood of Group III in testing unknowns, since there are so few persons in this group that it is only seldom that there is no agglutination. If the Group III serum agglutinates the unknown corpuscles, the unknown must be either in Group I or Group II, and to which of these two groups it belongs is determined by the result of the action of the unknown

serum on the Group III corpuscles. Agglutination of Group III corpuscles by the unknown serum shows that it is in Group II, the reciprocal in Group III. If Group III corpuscles are not agglutinated by the unknown serum, but Group III serum agglutinates the unknown corpuscles, the unknown blood is in Group I. However, if the Group III serum does not agglutinate the unknown corpuscles, the unknown is in either Group III or Group IV. If there is no agglutination of the Group III corpuscles by the unknown serum, and there is no agglutination of the unknown corpuscles by the Group III serum, evidently the unknown is in Group III. Group IV blood is diagnosed by the fact that the unknown serum agglutinates the known corpuscles, whereas the unknown corpuscles are not agglutinated by the known serum.

Another microscopic method often used is that devised by Moss, the technic of which is quite similar to that of the Brem method except that serums of Group II and Group III are used for testing the group of unknowns. Only a corpuscle suspension of the unknown blood and hanging-drop preparations with both Group II and Group III serums are necessary. Group I corpuscles are agglutinated by both Group II and Group III serums. Group II serum will not agglutinate Group II corpuscles, but Group II corpuscles will be agglutinated by Group II serum. Group III corpuscles will be agglutinated by Group II serum and not by Group III serum, whereas Group IV corpuscles will not be agglutinated by either Group II or Group III serum.

Of these two methods Moss's is the most convenient, since the corpuscle suspension necessary for the Brem method will last but a few days, where Group II or Group III serum may be preserved in the ice-box for a considerable length of time. The Brem method, however, has the advantage of giving a more clear-cut picture by the use of fresh blood. Sanford suggested desiccation of the serum for its preservation, but it was pointed out by Korsner and Koeckert that such preparations must be used fresh, since after several weeks the dried serum apparently acquires agglutinating properties of a nonspecific nature. Later, Sanford attempted to improve the method for preservation by a process of complete dehydration.³⁴

With the masterful work in surgery of

the blood vessels carried on by Murphy in 1897, Doerfler in 1899, Carrel and Guthrie and by Crile and others, transfusion was taken up again on a large scale, especially in this country, and it led to the development of more certain methods of transferring blood. Carrel and Guthrie perfected suture of blood vessels, affording for the first time a safe way of transferring blood from donor to recipient without the risks and dangers of coagulation. In order to obviate the great technical difficulties of artery-to-vein anastomosis, Crile employed a cleverly devised cannula, modifications of which were originated by Elsberg, Buerger, Janeway, McGrath and others. Later, a simpler and quite as satisfactory method was found in vein-to-vein anastomosis. About 1906, C. H. Mayo began transfusions of blood at the Mayo Clinic. In 1909, Brewer and Leggett advocated the use of a paraffin-coated glass tube placed between the artery and vein. Sections of vessels of the lower animals were also used with some success.

The greatest objection to these methods was the impossibility of ascertaining the exact amount of transfused blood. To overcome this, Curtis and David employed a receptacle for the blood and then reinjected it, coating the inside of the whole system with paraffin. Modifications of this idea were devised by Kimpton and Brown, Percy, and by Satterlee and Hooker. A method of transfusion by means of syringes and cannulas was devised and employed successfully by von Ziemssen in 1892. This method never became popular and was almost forgotten until Lindeman revived it and improved the technic. The syringe method then became so popular that it practically did away with all the different direct methods. Although it involved considerable expense and required specially trained operators and assistants, who had to work together with great precision and observe a great many technical details, there can be no doubt that it gave excellent results. Unger, however, recognized the difficulties of the syringe-cannula method, and he constructed a very ingenious apparatus, consisting of a stop-cock, which alternately connected a syringe for blood to the donor and at the same time a syringe with saline solution to the recipient; then, by turning the cock, the syringe with blood was immediately connected to the recipient and the syringe with saline

solution to the donor.^{36, 37} Freund and Kush also utilized the principle of the two-way stop-cock in devising their modifications of Lindeman's technic.

Up to this time the success of most methods depended on the rapid transference of blood from donor to recipient in less than normal coagulation time. It was realized that the attainment of the ideal depended on the development of a means of retarding the coagulation time without altering the normal properties of the blood. Among the different methods of attaining this end were dilution of the blood with normal saline solution and addition of anticoagulating substances, namely, hirudin, sodium citrate, sodium oxalate, peptone, and glucose.

Lewisohn experimented first with hirudin, but he found this drug to be so toxic, when given in sufficient quantities to prevent clotting, as to render it entirely impracticable.¹³ Experiments and clinical application of transfusion performed with citrated blood were published in 1914 and 1915 by Hustin, Agote, Weil, Lewisohn, Rueck, and by others. Lewisohn¹³ and Agote both published their first articles on the citrate method in January, 1915, each having worked independently of the other and without knowledge of the other's work. Agote performed his first transfusion in man by this method November 14, 1914, whereas Lewisohn's first transfusion with a human subject was not done until January 7, 1915.¹⁶ Lewisohn, however, preceded his application of the procedure to man by a series of animal experiments which extended over a number of months.¹⁴ No such experimental work was reported by Agote. Both men, no doubt, deserve credit for having originated the technic, although Lewisohn's subsequent work is considered more important in placing the method on a safe basis. Agote confined his work to small transfusions and did not determine whether transfusions of average size could be given with this method without causing toxic effects, nor did he study the effect of anticoagulants on the coagulation time of the recipient. Consequently, his work is of no more than a certain historic interest.

In the early use of the citrate method, because of its extreme simplicity, transfusions were turned over to very inexperienced operators. It was believed that the greater occurrence of chills with the citrate method in comparison to those following

other methods carried out only by experts was due to the faulty technic of the improperly trained operators. However, instead of the percentage of chills decreasing in the course of the years in which the technic was greatly improved, there was a marked increase. Lewisohn¹⁷ then attributed this to the presence of foreign protein, and he demonstrated that by a thorough cleansing of all instruments for removal of old blood and by elimination of foreign protein from the distilled water, the occurrence of chills could be considerably lessened.

Soon after the introduction of the citrate method, Unger published results of experiments and claimed that sodium citrate had a deleterious effect on the blood, stating that it increased the fragility of the erythrocytes and decreased the phagocytic power of the leukocytes. Even though the claims of Unger were disproved by Mellon, Hastings, and Casey, Unger's observations were quoted extensively in the literature and thus created the erroneous impression that citrated blood could not be used advantageously in the presence of a large variety of diseases. Lewisohn demonstrated the safety of the citrate method by injecting 80 and 100 c.c. of citrated blood into more than a dozen infants without any untoward symptoms. In his further experiments he concluded that objections brought forward against the clinical value of citrated blood were without a proper basis, and in comparing effects of citrated and unmixed blood he found that the citrated blood in every instance proved clinically as beneficial as the unmixed blood.¹⁵ There has always been much interest in the procedure.^{2, 3, 9, 19, 22, 23, 24}

A report of the results of blood transfusions performed at The Mayo Clinic between 1915 and 1918 was published by Pemberton in 1919. In this period 96 per cent of the transfusions were done by means of the citrate method. Pemberton classified the indications for transfusion according to the presence of pernicious anemia, secondary anemia, bleeding, acute toxic and septic conditions, leukemias and shock. In pernicious anemia definite beneficial effects were observed in a very large percentage of cases, although the percentage of occurrence of the milder reactions following transfusion was decidedly greater than in other classes of cases. Archibald, who made an extensive study of some of the cases in this series, concluded that the greater num-

ber of patients with pernicious anemia, except those who had reached the very last stages of the disease, received immediate benefit from transfusion. The value of transfusion as a supportive measure preliminary to operation in secondary anemias was found to be illimitable. In combating the general oozing which follows certain operations, the results were strikingly good, although in the presence of certain malignant diseases the hemostatic value of the transfusion rapidly decreased after a certain period of time. Because blood transfusion was employed too late in most of the cases of acute, toxic and septic conditions, the results were not entirely encouraging; however, Pemberton believed that if given shortly after, or in some instances before, operation, it offered a reasonable means of combating infection. As a temporary supportive measure,⁷ the employment of transfusion was justified in cases of leukemia, whereas in the one case of shock it was without beneficial effect. As a general rule, blood transfusion is indicated in hemorrhage, shock, secondary anemia, and as a supportive measure in the extremely debilitated patient who must undergo operation.^{6, 12, 18, 25, 26}

Because of the flexibility of the indirect citrate method, it has become the favorite of the day and has been used for eighteen years in the majority of the 16,250 blood transfusions done at The Mayo Clinic up to July 1, 1934.

The donors are divided into two groups: the professional and nonprofessional. In either case the donor's blood is examined for group, according to both the Moss and Landsteiner classifications,³²⁻³⁵ for flocculation test, and for blood count; the urine is also examined and for the professional donor a physical examination is made.^{5, 20} The reactions of donor and recipient to transfusion have been taken up elsewhere.^{10, 29}

The amount of blood drawn for the average adult patient is 500 c.c.; smaller amounts are drawn for children and for selected adult patients. The donor is called to the transfusion room and placed on the table. To expedite the drawing of blood, the professional donor's veins have been graded as poor, fair, good or excellent and, in an emergency, only a donor with good or excellent veins is summoned. The arm is surgically prepared with alcohol and draped with sterile towels. A tourniquet is applied,

a wheal is raised in the skin with 1 per cent procaine solution, and a large bore needle, depending on the size of the vein, is inserted into the vein after the needle has been attached to a 12 inch (20 cm.) rubber tube with a small lumen through which the blood will flow rapidly. The donor is asked to open and close his hand to further hasten the flow of blood, as it is important that the blood run in a stream; otherwise, it will clot. The blood is collected in a graduated vessel of 500 c.c. capacity into which has been poured 50 c.c. of normal saline solution containing 18 grains (1.17 gm.) of sodium citrate. Sodium citrate is obtained in ampule form, and the ampules are kept sterile and ready for use. With a glass stirring rod the nurse mixes the blood with the citrate solution continuously until the whole amount has been drawn. If the recipient should not be moved, the blood is given to him as he lies in bed. If the recipient can be taken to the transfusion room, the blood is given to him there. In either case the arm is prepared in the same way as was the donor's. A smaller bore needle is introduced into the vein and connected to a rubber tube and a buret containing about 50 c.c. of normal saline solution. As soon as one is sure that the saline solution is entering the vein satisfactorily, the citrated blood is strained through gauze into the buret. The speed with which the blood is allowed to enter the vein is limited to a maximal rate of 15 c.c. each minute. The needle is drawn out and a dressing is applied to the site of venous puncture. In selected cases, blood is followed by such fluids as may be prescribed by the attending physician.

When blood transfusion is to be carried out during operation, and especially when it is anticipated that there may be considerable loss of blood during operation and that some difficulty may be encountered at that time or thereafter in inserting the needle into a collapsed or partially collapsed vein, we find that it facilitates the procedure to mark the location of veins by using a dye on the skin overlying them. This is especially true when, because of the position of the patient on the operating table and the style of draping, it is imperative that veins in the ankle or back of the hand be used. When speed is a factor in drawing and administering the blood, it is customary at the clinic to have one person start the intravenous administration of saline solution while another is

drawing the blood. In some instances, especially in operative cases when veins are more or less collapsed, the flow of blood is slowed too much by the smallness of the vein, especially until after 100 c.c. or more of blood have been given. In such instances, we find the use of a small handroller a great help in increasing the rate of blood flow through the needle. The rubber tubing adjacent to the needle is laid on a hard, flat surface and steadied with the fingers of one hand; with the other hand the roller is pressed against the tubing with a motion that gradually compresses the tubing as the roller approaches the needle. By thus forcing the citrated blood along the tube, one can introduce blood under otherwise difficult circumstances. In some cases, of course, it is necessary to incise the skin, in order to expose the vein and to introduce the needle or cannula directly. It is well to save the vein if possible, as it may be necessary to use it again. This is especially true for patients with some chronic disease who may require subsequent transfusions. Not infrequently it is necessary to use venesection for children, although for infants and for very young children one may transfuse through the fontanel into the longitudinal sinus or use the external jugular vein. The technic employed in entering the fontanel must be surgically aseptic, as there is always a possibility of a complication arising.

When many transfusions are being called for, we find it expedient to have certain forms filled out and sent to the transfusion room. On the reverse side of the form the technic and results of the transfusion are recorded by the administrator or by the person who supervises the giving of the transfusion. In order that there may be uniformity in naming the recipient's vein that is used, an illustration is made which is posted in a convenient place where it may be referred to by those who are administering the blood.

From January 1, 1933, to July 1, 1934, 1,331 blood transfusions were given and, for all except a few, the indirect citrate method was employed.²¹ Blood was supplied by 695 professional donors and by 636 non-professional donors. In case of emergency, when it was impossible to obtain flocculation tests on relatives, professional donors were called in spite of the fact that the non-professional donors were in the proper blood

group. One hundred thirty of the recipients were less than fifteen years of age.

For the nine months preceding July 1, 1934, information regarding the occurrence or nonoccurrence of immediate or subsequent untoward reaction to the introduction of blood was obtained, records of which were kept for 655 transfusions. One hundred fourteen of the transfusions were pre-operative, fifty-seven were carried on during the course of the operation, 294 were postoperative, and 190 were given to non-surgical patients. Eighty-four subsequent reactions were recorded, twenty-two of which might fairly be attributable to causes other than to transfusions. Of the remaining sixty-two reactions, nineteen were characterized by rise in temperature, thirty-three by chills and fever, and ten were atypical. One of these was characterized by an exacerbation of an old phlebitis and another by aching of muscles which lasted somewhat more than an hour. Untoward reactions attributable to transfusion occurred in 9.2 per cent of cases.

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DEMONSTRATION OF THE RELIEF OF THE ENDOMETRIUM WITH THORIUM HYDROXIDE SOLS*

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GRAND RAPIDS, MICHIGAN

The practical value of the details of the interior of the uterus has long been appreciated. Endoscopic examination has not been generally used on account of difficulties of technic and interpretation. For several years we have been attempting to find a medium satisfactory for the radiological diagnosis of lesions in the genital tract. The media used to date, particularly the iodized oils, have given only a silhouette of the cavity, distended by pressure, in which fine detail is entirely lacking.

In 1933 Guttman and Stahler published reports of the use of a thorium dioxide sol for this purpose and made a number of important observations. The medium used was considered too acid, having a Ph value of approximately 3. Their solution was employed in a few cases with the production of satisfactory shadows. There was, however, considerable irritation from the product. It was therefore considered advisable to attempt the development of a more satisfactory medium. Thorium was selected because of its high density and low toxicity. After considerable trial, it was found that a colloidal suspension of thorium hydroxide could be made by peptizing it with an appropriate amount of thorium nitrate solution. This was prepared by the precipitation of the hydroxide by addition of dilute ammonium carbonate solution to a dilute solution of thorium nitrate. This gave a floccu-

lent white precipitate which was allowed to settle, washed, the required amount of thorium nitrate added, and then concentrated by boiling to the desired strength. The solution so obtained is opalescent in appearance and thin enough to be drawn through a small cannula with ease. It has a Ph value of approximately 6.0. It coagulates and adheres to a surface when coming in contact with dilute alkalis or mucus. The film deposited in this manner is sufficiently opaque to the x-ray to give a satisfactory demonstration of the relief of the endometrium. The deposited material does not remain in place long but is soon loosened, apparently by secretion from the mucous surface, and expelled.

The technic of injection is simple and requires a minimum of apparatus. The patient is placed in stirrups and the usual vaginal preparation with soap and water carried out. Bi-manual examination is made and pregnancy and pelvic inflammatory disease excluded. A large bivalve speculum is in-

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serted, the cervix cleansed with alcohol and dried and the posterior lip of the cervix grasped with a tenaculum. It is wise to pass a sound or small dilator through the cervix

tion following this is comparable to that seen after lipiodol injection and less marked than that produced by the thorium dioxide preparation. After injection the fundus is

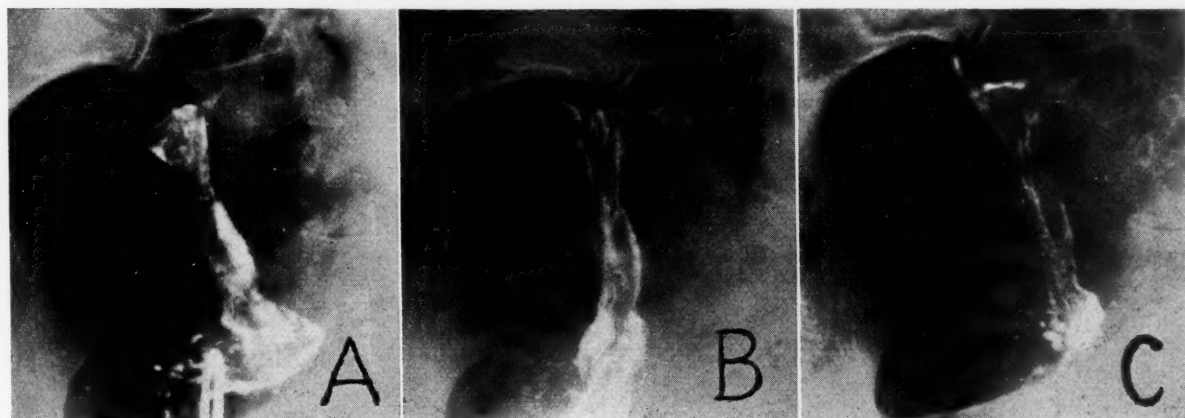


Fig. 1. Menstrual changes in patient with normal twenty-eight day cycle. (A) Three days postmenstrual. (B) Ten days postmenstrual. (C) Premenstrual.

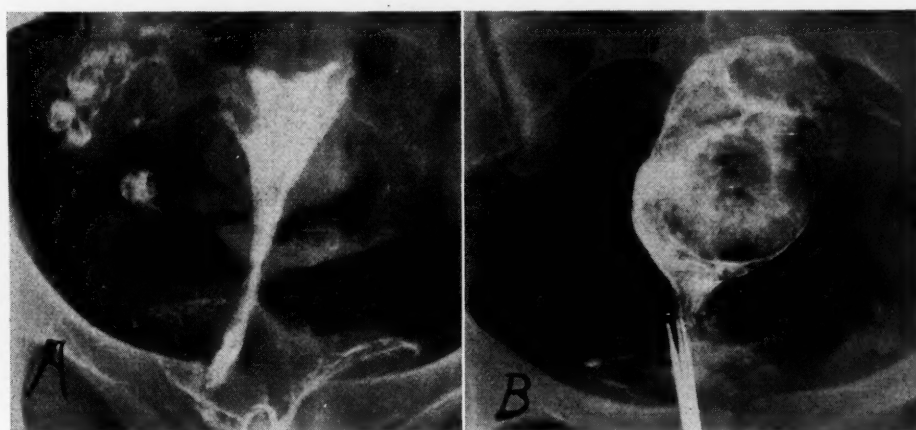


Fig. 2. (A) Filling defect in cornu due to endometrium. (B) Filling defect from retained placenta.

to insure patency and free return of fluid. The solution is drawn into a sterile 20 c.c. syringe to which is attached a small calibre cannula. Be sure to expel all air from the syringe and cannula. The cannula is then passed through the cervix into the fundus of the uterus and injection is made very slowly, turning its tip from side to side and moving it back and forth so that the solution is well distributed over the interior of the cavity, making sure that there is a free return of any excess of fluid around the canula. This is necessary to avoid forcing the contrast material through the tubes. In some instances small amounts pass through the tubes in spite of this precaution, especially in cases of retrodisplacement. The reac-

massaged a few times with the hand to expel any excess of fluid. The excess is then wiped from the vaginal vault with a sponge and the speculum removed, leaving the tenaculum in place. An antero-posterior view is then taken, using the Potter-Bucky diaphragm, and the film developed. Occasionally it is necessary to inject more solution to obtain a satisfactory shadow. If the shadow is too dense to give good detail, due to retention of excess of fluid, the patient is allowed to get up and walk about for a few minutes. The excess usually is expelled by this. When a satisfactory shadow has been obtained, right and left obliques and postero-anterior views are taken. It has been found advantageous to use moderate traction on

the tenaculum while taking the postero-anterior view in order to straighten the uterus as much as possible.

Films taken in this manner produce characteristic shadows by the following mech-

mottling. There is a corresponding decrease in the number of folds and their longitudinal arrangement becomes more distinct. Hyperplasia produces an unusual exaggeration of the markings, accompanied by

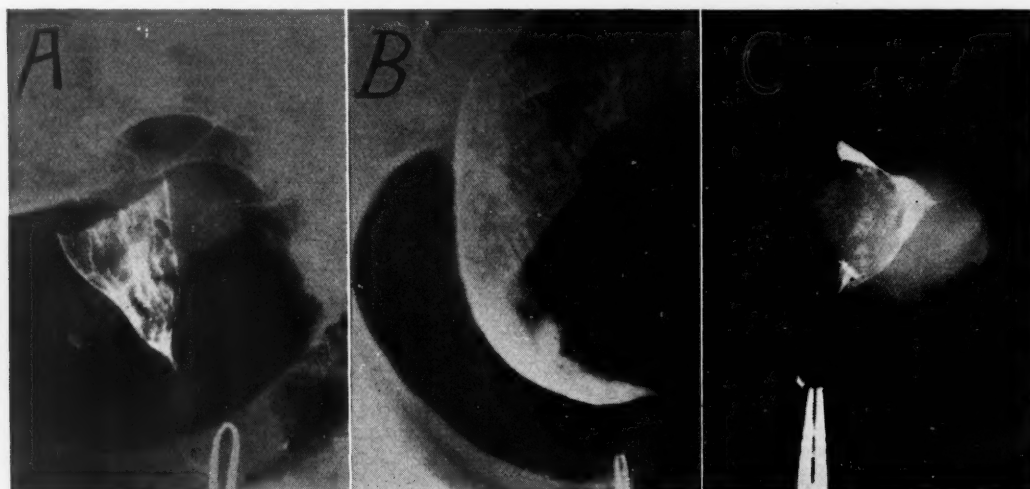


Fig. 3. (A) Hyperplasia. (B) Distortion from large submucous fibroid. (C) Filling defect from small submucous fibroid. (Extirpated specimen.)

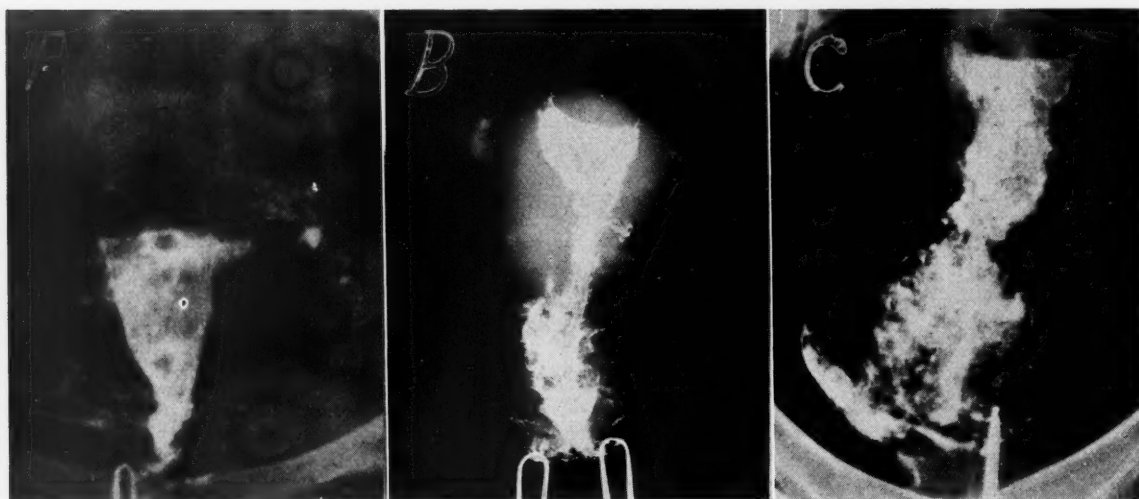


Fig. 4. Hysteroscopic images of carcinomas. (A) Niche produced by early carcinoma at internal os. Annular shadows produced by two benign polyps. (B) Deeply ulcerating cervical carcinoma. (Extirpated specimen.) (C) Carcinoma of cervix. Deep ulceration and extension almost to fundus.

anism: The contour of the uterine cavity is outlined clearly; the relief of the mucous membrane produces a latticed appearance due to the deposit of the material in the crevices between the folds in thicker layers than on the summit of the folds. In films taken within the first few days postmenstrual, they present a finely mottled appearance due to the small size of the folds. As the mucous membrane thickens, the folds become progressively larger and the crevices deeper, producing the appearance of coarser

marked increase in width and a decrease in the number of folds. Changes produced by submucous fibroids are easily interpreted. The protrusion of the fibroids into the uterine cavity causes a filling defect not entirely devoid of markings as a rule, but covered by a few fine markings where the material is deposited in the very shallow folds of the over-stretched endometrium. A broadened fundus practically equal in all views is found in case of protrusion of submucous fibroids directly downward into the uterine

cavity from the fundus, producing a cup shaped cavity. Other filling defects may be produced by retained products or localized lesions of mucous membrane, such as the endometrioma. They do not present the clean-cut margins produced by fibroids.

Guttman and Stahler drew attention to the fact that a defect in the cornu can be produced by a folding over of the cornu. This artefact can usually be detected by examination of all films taken. Marked localized hyperplasia or other lesions in the region of the cornu can almost completely block out its shadow.

The appearance of decidua is practically identical with that of extreme hyperplasia. The presence, however, of irregular defects produced by retained products of conception and the change of uterine contour from triangular to oval make the diagnosis clear.

The shadows produced by polyps can be explained by the deposit of the material on its surface, forming a complete ring of dense material with clear center. An ulcer produced by malignancy fills with the contrast medium, producing a dense shadow in the center surrounded by a clear zone indicating its elevated margin. In profile a niche is produced as in early malignancy elsewhere. Later malignancy frequently shows numerous deep interlaced crevices due to deeper ulceration and a clear border caused by the elevation of its margin.

The changes incident to the menstrual cycle were followed in some cases. Films were taken two to three days postmenstrual, eight to ten days postmenstrual, and sixteen to eighteen days postmenstrual. The characteristic findings are shown in Figure 1. It is obvious that one must take into account the time of the cycle at which the investigation is made when interpreting films.

Typical findings found in examination of cases of uterine bleeding are shown in Figures 2, 3 and 4.

Practical application: It is our belief that the demonstration of the relief of the endometrium is of definite assistance in the localization and diagnosis of intra-uterine lesions, particularly the smaller ones—small

submucous fibroids, polyps, and early malignancy. It is not proposed to replace diagnostic curettage but to localize the lesion exactly and assist in the diagnosis of certain lesions not easily detected by curettage. It is true that after radiological diagnosis the diagnostic curettage has not always been necessary.

The presence or absence of submucous fibroids is important in the selection of cases with myomas for radiation or operation. It is well known that the submucous fibroid is not favorable for treatment with radium. The difficulty has always been in determining their presence or absence by ordinary examination. Intramural and subserous fibroids can distort the uterine cavity but do not produce filling defects. Even small submucous nodules show clearly. In this way one is able to quite accurately distinguish between those cases favorable for radiation and those requiring surgery.

In respect to carcinomas a method of localizing the lesion has been discussed which shows also its extent and depth of ulceration. This permits the more intelligent selection of cases for surgery or radium therapy. The determination of the extent and exact location of the lesion allows a more accurate application of radium. Greater depth of ulceration shows the danger of fistula formation following radiation.

SUMMARY

A method of radiological diagnosis of intra-uterine lesions by the demonstration of the relief of the endometrium using thorium hydroxide sols has been described. It is particularly applicable to the diagnosis of small and early lesions and is of practical value in the investigation of uterine bleeding and other situations in which small intra-uterine lesions are suspected. It allows more accurate selection of cases for radiation and operative therapy and presents possibilities for the control of radiation therapy.

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EDITORIAL

RADIUM AND X-RAY THERAPY

Successful radium and x-ray therapy has labored under the fears on the part of the laity of so-called burns, which fact has militated against its effective use. It must be remembered that both the x-rays and radium are used in desperate cases, in the majority of instances, to treat malignant conditions. These therapeutic agents are of course radical, but so is surgery. Many radiotherapists are timid in the matter of handling these elements owing to the public attitude towards their capacity for harm. In fact, the doctor has not always been accorded the measure of legal protection he so much requires in their effective use.

At the last meeting of the American Radium Society held in Cleveland on June 12, 1934, the following resolutions were adopted:

"WHEREAS, it has been proven that radium and x-rays, when used properly, and in sufficient quantity, is efficient in the treatment of cancer in certain locations, and

"WHEREAS, there is a general fear in the public mind from x-ray or radium burns, which, because of this year, prevents competent radiologists from using sufficient radium or x-ray to produce the best results.

"BE IT RESOLVED, that we as radiologists recognize that in the treatment of malignant disease, it is often necessary to carry the treatment on to the extent of producing a violent reaction in the surrounding tissues, which may cause the skin to peel, and blisters to form, in order to give sufficient treat-

ment to overcome the malignant disease. We believe, therefore, that it is justifiable to produce a second degree radiodermatitis when necessary."

It would seem that in the use of these therapeutic agents as much skill is demanded as is required of a successful surgeon. Unless a physician feels himself thoroughly conversant with the action of radium and x-rays, as well as possessing a good general knowledge of the pathology for which these agents are indicated, it would be better if the treatment of such patients were left entirely to persons possessing such experience and skill.

BASIC EDUCATION

"He that would bring home the wealth of the Indies must carry the wealth of the Indies with him; so it is in traveling—a man must carry knowledge with him if he would bring home knowledge."

This is a quotation familiar to those who have had occasion to use European guide books. The point is well taken. Many travel abroad and return empty because they have taken little or nothing with them.

We would like to make a different application of the metaphor. The person who takes with him a trained and disciplined mind when he makes an excursion into the field of higher education, will bring back greater wealth of knowledge than he who goes abroad to intellectual realms with meagre preparation.

All this is prelude to preparation for professional studies by academic training, the object of which is mental discipline, looking forward to the broader aspects of professional life. Much has been written on the subject of basic sciences as preparatory to the study of the healing art. Those who place a proper value on academic training need no argument to convince them of its importance. Of the candidates who look to the M.D. degree, the majority complete the requirements for Bachelor of Arts or Bachelor of Science before entering upon their professional training. This should be demanded of all candidates no matter what school or cult they may elect. In matters of public and personal health, a certain minimum, included under the term basic science, should be made compulsory by law.

Most persons of culture both within as well as outside of the legal profession would admit that the candidate who enters law

school with a minimum of at least two to four years college training, in subjects basic to law, would make a better lawyer than one admitted to the study of law without such preliminary academic training. The same is true of studies basic to dentistry, or to engineering, architecture, or any other learned profession. The movement for basic education might as well come as a demand on the part of the laity for better doctors, lawyers, dentists, engineers and all others whose professional positions are matter of trust.

THE DOCTOR'S DOLLAR

State tax, realty
County tax, realty
City tax, realty
Personal tax
Income tax, Federal
Gasoline tax, State
Gasoline tax, Federal
Automobile weight tax
Sales tax
Federal Narcotic tax
Medical protective insurance
Old age pensions

Such is the load carried by the average physician before he can realize on his dollar, and now comes a referendum for the third time for a state income tax. Twice the proposition has been voted down by large majorities. Each member of the profession should not only vote but should also use all the influence he can exert against a state income tax.

The income from this special tax has been designated for the support of primary education. It has been stated on competent authority that the wide fluctuations in income would make this a precarious source of revenue for so important a function of the state as education, which should be financed from some more stable source than possible from an income tax which would mean feast or famine. The problem should be solved in some other way, yet care should be exercised lest the legislature be too much hampered in its effort to meet government needs. The tendency to fix upper limits in taxation has been marked.

The most equitable tax yet devised is the sales tax. It is fair and nondiscriminating. It is, however, likely to be juggled by politicians until it becomes unfair and discrimina-

tory in the effort to get votes or to perpetuate themselves in office.

Income tax would be the logical tax if it were shared by everyone receiving an income. All tax is in a sense income tax inasmuch as a person without an income cannot pay any of the taxes listed above. Yet when there are certain exemptions a large class of the population, over 90 per cent, are freed from the impost and yet may exercise the franchise. The tax should be as democratic as the right to vote and *vice versa*. The sales tax is the only tax that is in accord with this principle.

A state income tax would be only an additional burden on those already carrying the taxation load.

A COMPLICATED PROBLEM

The following paragraph is taken from an article by Newton D. Baker in a recent number of the *Saturday Evening Post*. While this is taken from its context, it is a statement that may be assumed as complete on a subject that is of interest to the medical profession, representing Mr. Hopkins' attitude as reported by a man who from his prominence is entitled to a hearing.

"However, there are already on foot several movements to put such services as hospitalization, nursing, child care and other forms of social benefits into the hands of the Federal Government, to be administered through a central source. Already such suggestions have been urged on Mr. Hopkins. And he has so far wisely refused them on the grounds that he not only hasn't enough money to spend for adequate relief measures, let alone these other exacting bills, but that even if he had enough money his attention would be so diffused and diverted that he could not possibly do justice to any one service, to say nothing of all of them."

THE HISTORY OF MEDICAL PHOTOGRAPHY*

Though various phases of photography may provide work for some and pleasure for others, the chief value of photography has been that of a permanent record and a scientific instrument. Photographic processes in less than a hundred years have become important to many fields of industry, art and science. In medicine alone, photography has become a research tool, a diag-

*Historical editorial on methods and devices that have aided in the development of medical fields.

nostic method and a means of recording data. The applications are as old as the technic itself.

In 1839, four processes of recording images by means of light rays acting upon a sensitive silver plate were announced. One of these developed into modern photographic processes; another was discarded after a short period of popularity; and the others never passed beyond the experimental stage.

Fox Talbot introduced a process of reproducing pictures upon paper saturated with silver chloride. After exposing the paper in a camera for a long period, an image was produced in which darkened areas represented bright portions of the subject and light areas the shadows. The image was rendered permanent by treatment of the paper with a sodium thiosulphate or hot salt solution. A picture was produced from this negative by superimposing it upon a second sensitive paper and exposing to sunlight. The image thus produced represented the subject photographed. In this process, the pictures were permanent and a number could be produced from one negative.

The Talbot process and its modifications were eclipsed for nearly twenty years by the daguerreotype process. The latter gave clearer images and was simpler in operation though it was possible to obtain only one picture from each exposure. A polished plate of silver coated with silver iodide was exposed in a camera, treated with vapor of mercury to bring out the invisible image on the plate and finally fixed in sodium thiosulphate. A picture was thus produced directly on the silver plate. The other two processes introduced in 1839 were the positive process of Bayard and the reflectograph of Breyer.

The process of Daguerre in less than a year spread throughout Europe and to America, providing a means of recording portraits, travel scenes and landscapes, and introducing photography as a new profession. Talbot's process was unable to compete with the daguerreotype for twelve years. By 1851, the use of photographic developers was discovered, glass was substituted for paper in the making of negatives, and sensitive coatings of silver salts suspended in albumen or colloidin were devised.

As soon as new technics in photography were introduced, they were applied not only by professional photographers, but also by an eager group who made scientific appli-

cations of photography. The adaptation of photography to microscopy was the earliest specialization. J. B. Reade of London made magnified, but very imperfect, figures of a flea in 1839. The image, which was projected on silver chloride paper, was fixed in sodium thiosulphate. In France, Alfred Donné, during the same year, made a daguerreotype of the eye of a house fly with the aid of sunlight and a microscope. In the next year, he made other photomicrographs. The optician, Chevalier, at this time, made photomicrographs having a magnification of 145 times.

The early photomicrographs were made with a sun microscope, an instrument which had been designed to project the microscopic field onto a wall or screen. A light-tight box having a movable cassette to carry the sensitive plate was adopted in place of a screen. The optical system and camera were arranged either horizontally or vertically. The enlarged image of a microscopic object was thus projected on the sensitive plate, where it was recorded.

Josef Berres, a Viennese anatomist, was the first to use artificial light for microscopic photography. Using the calcium or "lime" light, he photographed cross-sections of plant tissues. Donné and Foucault, in 1844, published an atlas of microscopic anatomy in which eighty-six drawings were copies of photomicrographs made on daguerreotype plates. A few other workers, such as J. B. Dancer and R. Hodgson, made use of photomicrography. In 1847, as the Talbot paper negative process came into use, Carpenter demonstrated to the British Association a rather extensive series of photomicrographs made on paper. Dancer, in 1853, adapted the wet colloidin process to photomicrography, and from this time, the daguerreotype was less used. Photographs of microscopic objects began to be considered of importance in aiding scientific work. They not only revealed microscopic structures as they were, free from the bias of the individual, but also provided an easy method for measuring small objects. Photomicrography was a difficult technic, however, which demanded of its adherents both a knowledge of microscopy and the ability to make, expose and develop photographic plates. In spite of these difficulties, Huxley and Wenham in England, Gerlach in Germany, Pohl and Wesselsky in Austria among others were ardent photomicrog-

raphers. Gerlach, in 1863, prepared a manual of photomicrographic technic. He further recommended the staining of preparations with carmine solutions.

One of the outstanding photomicrographers of the latter half of the nineteenth century was Major J. J. Woodward of the Army Medical Department, who introduced a number of technical improvements. During the time of his principal activity, the Zeiss Company perfected the apochromatic objective and projection ocular for the microscope. Histological and cytological technics developed and biological stains came into general use. Photography was likewise advanced by the introduction of more efficient developing solutions, of improved emulsions, gelatin plates and celluloid films.

The addition of alkali to developing solutions in 1862 was found to increase the efficiency of these agents. Previously, gallic or pyrogallic acid solutions had required a longer exposure. Spiller and Crookes found that the addition of hygroscopic salts to the coating of a colloidin plate would allow the wet plate to remain usable for several days. Before this time, it had been necessary for a photographer to prepare his plates immediately before using them. In 1864, B. J. Sayce and W. D. Bolton prepared photographic emulsions of silver bromide and colloidin which needed only to be poured upon a clean glass to produce a sensitive plate. Though such a process simplified the preparation of plates, it was not until 1871 when R. L. Maddox introduced the use of emulsions of silver bromide and gelatin that an outstanding development occurred. Plates coated with gelatin emulsion, unlike the colloidin type, were not wet when exposed and could be prepared long before use. By 1877, the use of dry plates with gelatin emulsions became sufficiently widespread for several English commercial firms to manufacture and sell them. About this same time, it was found that the addition of dyes, such as eosin and erythrosin, to emulsions made it possible to photograph colored subjects in such a way that the shading of the finished picture appeared more natural to the eye. These orthochromatic plates, which were sensitive to blue, green yellow and orange, were followed in 1905 by panchromatic plates, which were sensitive to all colors.

During the eighties when the production of photographic material was becoming commercialized, the flexible celluloid film, the roll film and the portable hand camera were introduced. At this time, new developers, such as hydroquinone, diamine compounds and metol, came into use along with alkaline pyrogallic acid. In this period when the commercial preparation of material simplified photographic technic, photomicrography came into extensive medical use. Anatomists, pathologists and bacteriologists, such as His, Delafield, Billings and Crookshank, made common use of photomicrographs. They likewise used photography for recording the appearance of gross specimens.

Galton, in 1878, introduced a method of composite photography in which a number of full view portraits of different persons were superimposed to produce photographs of racial, occupational or criminal types. Individual traits were submerged while the common characteristics were emphasized. In 1888, W. Noyes prepared composite photographs outlining facial characteristics of general paresis and melancholia. Though this type of photography has proved transitory, the photography of individual clinical cases has become very important in medical illustrations and records.

Shortly after the standardization of gelatin plates, photographs of the eye had been made by Noyes and Rosenbrugh. Professor Czermak of Perth photographed the larynx with the help of a mirror system. T. R. French of Brooklyn made further studies in 1884 of laryngeal photography and devised a photographic laryngoscope for the purpose. A year previously, L. Brown had photographed the larynx and soft palate of a professional singer and thus produced a series of photographs which showed the larynx during the production of various singing tones. Merrit, in 1885, adapted the laryngoscopic camera of French so that it could be used in making photographs of the cervix of the uterus. Photographs of the retina, external auditory meatus, larynx, vagina and uterus were made by Stein. About 1894, the progress of surgical operations was photographed at Johns Hopkins Hospital in order to record significant phases of surgical technic.

The development of photoengraving methods for the reproduction of illustrations had a significant relationship to the use

of the camera in medicine. Some time after 1880, textbooks began to appear with reproductions of photographs in place of the earlier woodcuts, lithographs or steel engravings. Previously, when photographic illustrations appeared in press, they were the actual photographs pasted into the text, or drawings copied from photographs.

In addition to illustrating publications and forming records, photography had other adaptations, of which the x-ray was of the most importance to medicine. It may be recalled that the x-rays were first discovered by accidental exposure of a photographic plate by Roentgen in 1895. Within a year, the x-ray came into use in the diagnosis of bone fractures and other conditions. Since that time, the use of the x-ray has developed to the extent that this one phase of photography results in the exposure of as many plates or films as any other adaptation of photography. In roentgenology, films came to supplant glass plates because of their ease in handling and storage. Double-coated films with emulsions on both sides of the film to allow greater definition of images for a specific exposure were introduced in 1917.

Physiologists, likewise, came to use photographic technics. Ozolan of Paris photographed the beating heart in 1869. W. G. Thompson procured pictures of heart in systole and diastole. The Lippmann capillary electrometer which was used in the study of action currents of the heart was provided by Marey in 1876 with a device for recording electrical changes on photographic paper. The Einthoven electrocardiograph and the oscillographs of a later date used photographic recording.

An American photographer, Muybridge, over a period of years made an extensive study of locomotion in the horse and other animals. He arranged a series of cameras in a row to be exposed one after another by electrical devices. As a horse walked or cantered by the cameras one to several dozen photographs of succeeding phases of the movement were recorded. A more scientific and equally extensive survey was initiated by the French physiologist, E. J. Marey, in 1882. He devised a camera with a timed revolving shutter which exposed on the same plate pictures of the successive movements of his subjects. A variety of movements in man, birds, insects, fishes and other animals was analyzed into successive

postures with the apparatus. In ten years of study, Marey perfected instruments having moving films and shutters for intermittent exposure. These were the first motion picture cameras. Marey, in France, and Edison and Dickson, in the United States, further perfected the camera and devised a projection apparatus which threw on a screen the moving image. From this time, the cinema camera came to have many uses.

The motion picture camera was adapted to specific medical purposes by Doyen in Paris (1898), who had motion pictures taken of a surgical operation. Walter Chase of Boston introduced the practice into America in 1906. Dickson and Marey independently adapted the cinema camera to the microscope in the mid-nineties. Toward the beginning of the present century, a method of slowing movement was outlined. If photographs were taken at a rapid rate and projected at normal speed, motion was slowed down. Pizon (1904) in studying slowly moving marine animals made intermittent exposures separated by long intervals and projected the pictures at a normal rate, with the result that movement was much quickened. In both France and America, a number of studies were made with this method. The development of embryos, the movement of blood cells, the process of phagocytosis, the growth of tissue cultures, the movement of chromosomes and the contraction of capillaries were studied with this technic. Motion picture films have become an important method of demonstrating and teaching in medicine; these are used along with lantern slides to depict anatomical and embryological concepts, physiological experiments and surgical procedure. They have provided a physiological method whereby pictures of an animal before experimentation serve as a control to those taken afterward.

Among the more recent advances in photography of importance to medicine has been the use of infra red and ultra violet light. The introduction of plates and films adapted to infra red light has resulted in photographic methods for studying the skin. Certain characteristics of skin diseases invisible to the eye or to the ordinary camera are brought out by the use of infra red photographs.

In ordinary photomicrography, the extreme resolution and magnification of ob-

jects are correlated with the wave length of the light used for illumination. Red light is not as efficient as blue or violet light. Likewise, visible light does not give the resolution that ultra violet does. Ultra violet light, however, does not pass through glass, so that special microscopic lenses, slides and cover glasses are required. Kohler of the Zeiss works in 1904 produced lens systems of fused quartz which would permit photomicrography with ultra violet light and allow resolution and magnification twice that of the ordinary microscopes.

A relatively recent device for medical use is the "gastro-photor" which was invented in 1929. This instrument consists of a stomach tube having two very small cameras with a light between. When the tube is passed into the empty stomach and the latter is inflated with air, eight minute stereoscopic photographs may be produced. With the use of this camera, about three-quarters of the mucous membrane of the stomach may be photographed and the extent and location of gastric ulcers demonstrated.

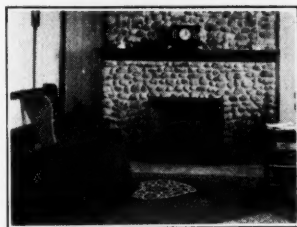
Throughout the period of practical photography, the extent of medical application has been limited by the technical difficulties of method. As simpler methods of photography have been advanced, more physicians have used them in producing records and illustrations for medical communication. Many hospitals and research institutions have departments of clinical photography which are serving to increase the use of photographic methods. Through these, photomicrography, cinematography and other methods requiring skilled technical knowledge are being increasingly adapted to medical purposes.

W. T. D.

COMPETENT MEDICAL WRITERS

(JOURNAL AMERICAN MEDICAL ASSOCIATION)

In the field of medical science, many men have gained note by their ability to express themselves in good English succinctly, rhythmically and accurately. The opportunity is available, for every one who cares to take the trouble and the time, to perform competently in the field of medical letters. Experts assert that there are hardly a hundred competent medical writers in our country today; some authorities insist that there are hardly more than ten or twelve. In the field of preparation for sound literary expression, particularly, preliminary education to medical training seems to be failing miserably.



The Editor's Easy Chair

THE PRINCIPLES OF MEDICAL ETHICS

A few weeks ago the secretary of the American Medical Association in addressing a group of physicians deplored the fact that two or three county societies had drafted their own codes of medical ethics to supplant the system of ethics of the American Medical Association. The allusion leads us to deliberate on what should characterize a system of ethics. In the first place a code of ethics must have a survival value, by which we mean it must make not only for the good of the group adopting it but for the benefit of all who have any sort of relation with that group. It must deal with principles rather than specific cases. The greatest system of ethics is that propounded by the great Galilean nineteen centuries ago. Many groups or sects have laid claim to the ethics proclaimed by Jesus, including socialist, communist, capitalist, individualist and what not, yet he belonged to none of them. His concern was human character and it is character that produces civilization of the highest order. A deterioration in individual character on any large scale results in the downfall of the group or nation.

* * *

It is not our purpose to indulge in anything like a hortatory homily. We would say, however, that the ethics of the medical profession has a long history. It has been tried throughout the centuries from the time of Hippocrates, and where followed, good has resulted. The ethics of Hippocrates may be summarized briefly—(1) be reasonable in fees, and, if necessary, render service without remuneration; (2) call in a consultant when in difficulty; (3) respect and honor one's teacher and endeavor to live a life free from reproach; (4) do not cause abortion nor give a poison; (5) observe secrecy in regard to information acquired professionally; (6) abstain from every voluntary act of mischief and corruption; (7) avoid ostentation in dress or manner and refrain from advertising.

Charles Singer, the noted medical historian, is of the opinion that the so-called Hippocratic oath was written during the Roman Period, at which time surgery was in disrepute, which accounts for the interpolation of the admonition regarding cutting for stone. The oldest form of oath written during the Christian era (circa tenth or eleventh century) does not contain the injunction.

* * *

The principles of ethics of the American Medical Association may be traced in essentials to the work on ethics as applied to medicine by Thomas Percival,* a scholarly English physician (1740-1803). Percival was the victim of poor vision and headaches; evidently a bad case of astigmatism. The handicap probably induced him to embrace the philosophic rather than the practical aspects of medicine. He was the contemporary and personal friend of a number of prominent physicians such as John Hunter, Heberden and Withering of digitalis fame. John Brown, the famous Scottish physician and author, writes of Percival's work in his *Horæ Subsecivæ*, "Dr. Percival's Ethics is a classical book in its best sense; sensible, sound, temperate, clear thoughts, conveyed in natural, clear persuasive language . . . There is a great deal of stiffness of the old school about the doctor; he speaks in knee breeches and buckles, with a powdered wig and an interminable silk waist-coat, a gold headed cane at his side, and his cocked hat under his arm. To us, however, this is a great charm of the book and of such books."

Percival attended Edinburgh at a time when a number of persons later famous in American medicine also pursued their medical education at Edinburgh University. No doubt many of the pioneers in medicine here were influenced by Percival, much as at an earlier time, the framers of the Declaration of Independence were influenced by Locke's work on Civil Government.

The American Medical Association was organized in New York City in 1846 by Nathan Smith Davis. The chief item of business, at what was the first real meeting held in Philadelphia in 1847, was the formulation of a code of ethics. A prefatory note of the code of ethics adopted in May of that year goes on to state that of the great num-

ber of codes of ethics adopted by different medical societies of the United States, it was found that they were all based upon that of Dr. Percival and that the phrases of this writer were to a considerable extent preserved in all of them. Continuing, "believing that language so often examined and adopted, must possess the greatest of merits for such a document as the present, clearness and precision and having no ambition for the honors of authorship, the committee which prepared this code have followed a similar course and have carefully preserved the words of Percival wherever they convey the precepts it is wished to inculcate."

* * *

At the annual meeting of the American Medical Association held in New Orleans in 1903 the House of Delegates revised the old code, changing the title to *Principles of Medical Ethics* of the American Medical Association. Another revision was made in 1912. Copy of the *Principles of Medical Ethics* may be procured at a nominal price by addressing the headquarters of the Association in Chicago.

It will be seen then that the Principles of Ethics is not a matter of a day. They have an ancient and honorable lineage and their survival value has been proven. We are reminded of the early settlers of New York who are said to have adopted the Ten Commandments as their rule of conduct, until they had time to invent a better. Ours is virtually a development coincident with the art of healing itself.

THANKSGIVING

Weel, it's comin' time th' noo, when we'll tak a day
or two,
A cuttin' up some pranks, an' a'gi'in' o' oor thanks,
We'll hae a feast an' sing, mair lithesome than a
King,
An we'll tell th' multitude, that we're in a gratefu'
mood.

Ah! Ye ha'e na much th' day, tae be thankfu' for,
ye say,
Weel, sometimes a wee portion is michty as a fortune,
Yer health is a' ye need, for tae do a kindly deed.
Sae yer wee bit "bill o' fare" is yer biggest bit o' care.

Ye canna get tae Heaven on yer wealth or real estate,
An' yer tax is gettin' fatter. It really doesna matter
If yer politicians boo. They're nae better aff than
you.
Sae be thankfu' noo ma frien', for it's turkey time
again.

—WEELUM.

*Percival's Medical Ethics edited by C. D. Leake. Baltimore: The Williams and Wilkins Company, 1927. A very interesting account of the evolution of the principles of medical ethics.

MEDICAL MEN FOR THINGS MEDICAL

"The principle that medical men should be the ones to exercise control over medical service is almost axiomatic. Yet there is confusion of thought where there could be straight thinking if all the facts were brought out and faced.

"There are those who would virtually make the physician an employee of the state. They fail to recognize the utter incompatibility between the American political system and the methods of truly professional men.

"There are those who complain about the scarcity of physicians. Yet it is a fact that while England has one doctor for 1,490 persons, France one for 1,690, and Sweden one for 2,890, there is in the United States one physician for every 780 persons.

"There are those who denounce our hospitals on the score of high charges for service, but the truth is that the cost per day of a hospital room with meals and the day and night personal ministrations required by an invalid is usually less than a well person would pay for mere room and meals in a first-class hotel.

"There are those who would like to let down the bars to self-medication. Yet the fact is that during the last few generations the average span of human life has been extended ten years, chiefly through the discoveries of medical science.

"Physicians know these things. They spend years acquiring an education on the care and repair of the most marvelous mechanism on earth—the human body. But they would readily admit that this education does not qualify them for telling railroad executives how to solve transportation problems or impresarios how to stage an opera. The work of the world needs many kinds of specialized knowledge, but certain it is that each field of work will be best managed by those who know it best."—From Mead Johnson & Company's announcement in Hygeia.

THE BEST THINGS OF LIFE

(Dean R. W. Inge)

What are the most precious gifts for which an old man, looking back on his life, ought to thank God? The Greeks put health first. I have never known a day's serious illness in my life. . . . But I have known so many men and women who have triumphed over this handicap that I could not rank health as the best thing in life. Some kind of recognition and encouragement is, I think, almost essential to happiness, except for a few proud or heroic natures. I have certainly had nothing to complain of under this head. But I have not the slightest doubt that domestic happiness is the greatest of all gifts; next to that "wisdom," for which Solomon prayed, and which, I suppose, may be defined as a right judgment of the relative value of things. The blessings which God has given me in my wife and children are in a different class from all other sources of happiness and pleasure that have come to me. At a time when many persons are not ashamed to assert that marriage is generally a failure it is permissible to give this personal testimony. And though it may be my private opinion that no one else has been quite so fortunate as myself, I shall not quarrel with the countless other happy couples who think that they have been similarly favored.

ANNUAL CONFERENCE OF SECRETARIES OF CONSTITUENT STATE MEDICAL ASSOCIATIONS

This annual conference took place on September 21 and 22 at the Palmer House, Chicago. Once a year the secretaries of state medical societies throughout the United States together with the editors of the various state medical journals meet in Chicago and discuss problems that relate more to the social and economic phases of medicine than to scientific medicine itself. This body of secretaries and editors constitute together with representatives from the American Medical Association the publicity department of the medical profession of the United States. The Michigan State Medical Association was represented by President Dr. Richard R. Smith and Acting-Secretary Dr. Burton R. Corbus of Grand Rapids, and the editor.

The meeting was opened with an address of welcome by Dr. J. H. J. Upham, chairman of the Board of Trustees of the American Medical Association. The papers presented at the convention will appear in the near future numbers of the *Bulletin of the American Medical Association*. All Fellows of the Association throughout the United States, but we would particularly stress the members of the Michigan State Medical Association, should read these articles as they appear together with the discussions.

Dr. L. A. Wilkes, executive secretary of the Medical Society of New Jersey, read a very interesting paper on New Jersey's Method of Furnishing Medical Services to the Community. The Centralization and Departmentalization of State Medical Society Activities was the subject of Dr. Oliver J. Fay's address, chairman of the Board of Trustees of Iowa Medical Society. The general trend of discussion was that of furnishing medical care to patients of limited incomes and the indigents who are without income. A paper entitled Medical Emergency Relief, by Dr. Holman Taylor, secretary of the State Medical Association of Texas, dealt with a kindred subject. Dr. Taylor went on to show how during the war physicians whose incomes ranged from \$5,000 to \$25,000 a year, dropped everything in the way of previous practice and enlisted in the service of the nation at remuneration which ranged from \$100 to \$200 a month. They realized the emergency of war and were willing to assume personal sacrifice without any thought of their own interest. The past three or four years found the nation in an emergency which was fully as great as that during the war. The medical profession showed a willingness to do their part. There was, however, a disposition on the part of the community to take the doctors' service for granted; even under the various welfare projects merchants and others supplying basic needs were paid in full for their services and commodities while the doctor, where he was paid at all, was asked to render his service for as low as 50 per cent of his normal fee.

Those from Michigan were impressed by the activities of a number of state medical societies in the matter of furnishing medical care to the indigent. In Michigan this is left to local county units that make contact with the Welfare Departments or through them to the FERA through local channels. The Michigan plan is largely the result of the fact that there is a greater variation between the industrial counties and cities than with those states that are distinctly rural.

Dr. Burton R. Corbus, acting secretary of the Michigan State Medical Society, said that since he had been in attendance at the conference a number of secretaries and editors had asked him what was the fate of the plan worked out by the Committee on Economics of the Michigan State Medical Society. He explained the extent of the work and

research that had been accomplished by Michigan and stated that the House of Delegates at the annual meeting in September had placed the matter of specific plans for medical health service in storage; that the committee was continued and advised to be ready should any action on the part of the state or federal government eventuate to socialize medical practice. He endorsed the study that had been made and spoke of the valuable data that have been assembled as a result of which the State of Michigan was in a condition of preparedness.

Dr. Corbus' statement of the Michigan case brought Dr. A. T. McCormack of Louisville, Kentucky, to his feet. Dr. McCormack spoke approvingly of Michigan's action and stressed the importance of leadership, that he believed the American Medical Association should be on the alert and have definite plans to offer, should the federal government undertake any national scheme of medical service. The medical profession, it was the consensus of opinion, were inclined to be individualists when it comes to the matter of the good of the profession at large and medical care to the population at large. We would get nowhere so long as that attitude prevailed. It was necessary to submerge individual differences and to follow leadership, and the national leader was the national medical association.

Dr. Douglas Singer read an interesting paper on Mental Health, urging that mental hygiene receive greater stress at the hands of those in general practice.

Dr. Morris Fishbein, editor of the American Medical Association Journal, presented a moving picture film which described in a graphic way the activities of the American Medical Association. This film was found to be very interesting and one that could be presented to advantage to county societies. Dr. Fishbein explained that the film would be available to counties making a request for it.

Dr. James S. McLester, president-elect of the American Medical Association, gave a short address in which he stressed the necessity of greater clarity and forcefulness of both written and spoken speech. He emphasized the importance of greater care on the part of doctors in preparing papers to be read before the various medical organizations. Papers, he said, should be written and revised several times. He spoke of the power exercised by a good speaker or essayist who exercised great care in writing and speaking the English language.

Dr. William C. Woodward, director of the Bureau of Legal Medicine and Legislation of the American Medical Association, is always a welcome speaker at these annual conferences. Dr. Woodward stressed the legal aspects and described important legislation, present and prospective.

Some Problems of a State Medical Editor was the subject of Dr. W. E. Bird, editor of the *Delaware State Medical Journal*. This was rather interesting to the writer as he presented a paper on precisely the same subject before this conference three years ago. Dr. Bird, however, stressed different phases of the problems of editing a medical journal. He claimed that it was difficult to get copy for the journal after the first few months following the annual state meeting. This has never been a problem with the editor of the *JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY*. The medical profession of Michigan are prolific writers.

Dr. R. L. Sensenich, a member of the Committee on Legislative Activities of the American Medical Association, presented a very interesting paper, the result of much study and thought, in which he stressed the importance of contacting those in other

occupations to learn their attitude towards the endeavor being made in some quarters to socialize medicine. He advised taking the public into our confidence. The demand for socialization of medical care was to a large extent the result of activities of social workers. However, it was necessary for the medical profession to ascertain just how spontaneous and far-reaching was this desire upon the part of the lay public.

The Educational Possibilities of Scientific Programs at State and County Meetings was the subject of a paper by Dr. Clyde L. Cummer, president of the Ohio State Medical Association. Dr. Cummer dealt with the post-graduate and extension medical instruction in Ohio.

Dr. R. G. Leland, director of the Bureau of Medical Economics of the American Medical Association, discussed at length the subject of Health Insurance in England and Medical Society Plans in the United States. He spoke of the lack of preparedness in England in 1911 when Lloyd George sprung the matter of health insurance. About forty per cent of the British Isles were strongly in favor of it and about sixty per cent were either neutral or opposed. He declared that health insurance in England was in a large measure successful. There was no denying the fact, but the whole British Isles was not larger than one or two of our largest states, a situation which must be considered in attempts to adopt any national system of health insurance in this country. Dr. Leland went on to describe some substitute plans on medical service which had been put into operation in the United States. He gave particular credit to the Wayne County plan of health service which has been described in detail in this *JOURNAL* and is therefore well known to Michigan readers.

LABORATORY DIAGNOSIS OF AMEBIASIS

Thomas B. Magath, Rochester, Minn. (*Journal A. M. A.*, October 20, 1934), contends that it is evident that the laboratory diagnosis of amebiasis requires special knowledge and skill and should not be attempted except by those adequately trained and with a large measure of experience. The problems involved are quite comparable to those involving diagnosis of tissue. The diagnosis of amebiasis should be made only by those specially qualified. The direct smear method is adequate in the hands of those properly trained in almost all cases but, if doubt exists, one should resort to fixed and stained preparations. Whether one uses formed stools or those resulting from catharsis will depend on the individual problem. Whichever is used, the limitations of the particular method must be clearly recognized. Culture methods should be used in laboratories qualified to identify amebas, but, for the usual routine, cultures are not necessary, provided the examiner thoroughly knows how to make proper direct examinations. The cultural characteristics of various amebas growing in these cultures have yet to be clearly described, and a series of animal experiments to determine the types in a large series is greatly needed. Until the complement fixation method is simplified, it is not suitable for routine tests. Of infestations with *Endameba histolytica*, 75 per cent can be found by examining a single stool following catharsis with magnesium sulphate, whereas only a third of the infestations will be found by examining a single formed stool. It will require eight to ten formed stools to establish the same number of infestations as three stools following catharsis.

MICHIGAN STATE MEDICAL SOCIETY

Proceedings 114th Annual Meeting

Battle Creek, September 11 to 13, 1934

HOUSE OF DELEGATES

Tuesday Morning, September 11, 1934

The House of Delegates of the 114th Annual Meeting of the Michigan State Medical Society convened at the W. K. Kellogg Auditorium in Battle Creek, Michigan, on Tuesday, September 11, 1934, at nine-thirty A. M., with the Speaker, Henry A. Luce, of Detroit, presiding.

The following delegates and alternates were present:

Alpena—F. J. O'Donnell
 Berrien—W. C. Ellet
 Calhoun—C. S. Gorsline, A. T. Hafford
 Chippewa-Mackinac—B. T. Montgomery
 Eaton—A. G. Sheets
 Genesee—George Curry
 Grand Traverse-Leelanau—E. F. Sladek
 Gratiot-Isabella-Clare—T. J. Carney
 Houghton—George M. Waldie
 Huron-Sanilac—David D. McNaughton
 Ingham—L. G. Christian, Karl Brucker
 Jackson—Phillip Riley
 Kalamazoo-Allegan-Van Buren—C. Ten Houten
 Livingston—Harry G. Huntington
 Mason—L. W. Switzer
 Muskegon—Roy H. Holmes
 Oakland—Robert Baker
 Otsego-Montmorency-Crawford-Oscoda-Roscommon-Ogemaw—C. R. Keyport
 Ontonagon—H. B. Hogue
 Ottawa—A. E. Stickley
 Shiawassee—I. W. Greene
 Tuscola—O. G. Johnson
 Washtenaw—John Wesinger
 Wayne—Wm. J. Cassidy, H. W. Yates, G. C. Penberthy, A. E. Catherwood, R. M. McKean, L. J. Hirschman, H. F. Dibble, H. W. Plaggemeyer, W. R. Clinton, L. J. Garipey, S. A. Flaherty, A. P. Biddle, L. O. Geib, E. D. Spalding, L. T. Henderson, C. K. Hasley, Wm. J. Stapleton, Jr., Wm. S. Reveno, Roger V. Walker.

The Speaker: Gentlemen, the hour of nine-thirty has now arrived.

Chairman of the Credentials Committee, Dr. Henderson, have you a report?

Dr. L. T. Henderson (Wayne): As Chairman of the Committee on Credentials, Mr. Speaker, I have forty-four seated as delegates in the Michigan State Medical Society's morning session.

The Speaker: If there are no objections, the preliminary report of the Committee on Credentials will be received.

The Secretary: I hold in my hand the signed roll call of forty-four delegates, constituting a quorum of this House. I would suggest that some delegate move that this constitute the roll call of this morning's session, and that any delegates coming in afterward upon signing the roll will be added to that roll call.

Dr. C. S. Gorsline (Calhoun): I make that motion.

Dr. A. E. Catherwood (Wayne): I support the motion.

The Speaker: Those in favor will indicate by saying "aye"; those opposed, "no." It is carried.

I now announce the 114th Annual Meeting of the Michigan State Medical Society duly constituted and open for the transaction of business.

The Vice Speaker, Dr. Frank E. Reeder of Flint, took the chair.

The Vice Speaker: Members of the House of Delegates: A year ago you chose one from your number to be your Speaker. I believe you will agree with me that after his one year in office he has

proven himself thoroughly efficient, and I believe you will agree with me he has been thoroughly sincere, conscientious and has given every ounce of his effort and energy not only for the progress of this organization but for the good of the members of the medical profession throughout the state.

So I feel it is indeed a privilege and a pleasure for me this morning as your Vice Speaker to introduce your Speaker, Dr. Henry A. Luce, who at this time will give his address. (Applause.)

Dr. Henry A. Luce read the Speaker's address.

SPEAKER'S ADDRESS

The 114th Annual Meeting of the Michigan State Medical Society is now entering upon its page of history. The actions of this House of Delegates are awaited with interest by the whole medical profession of the United States. More than that, the actions of this session are of importance to those who are students of the trend of the times. The Michigan State Medical Society has, through its studies of economic and social problems, assumed tremendous responsibilities which are the penalties of leadership.

The Michigan State Medical Society is now in a position of preparedness to meet the changing conditions which threaten. It has arrived at this position through the foresight and courage of its leaders who have been willing to accept adverse criticism in order that Michigan might be in a position to protect the health of its citizens from too wide a detour to the left. This criticism has been sincere but nevertheless painful.

At present it can well afford to assume a waiting policy; at the same time promulgating its position with reference to medical service.

More than two years ago it laid down principles of Medical Service which have been used as standards for all other organized medical groups; namely, 1st—Free choice of physician. 2nd—Control of medical service in the hands of medical organization. 3rd—Limitation of benefits to medical service. To this might be added a 4th; namely, it is the duty, right and privilege in so far as possible of each and every citizen to provide for his own medical service and that of his dependents. Medical service is here considered in both curative and preventive phases.

Adequate medical service to a country is the obligation of the medical profession. The medical societies of Michigan are meeting this problem by various plans, based on accepted principles.

If the governmental agencies will keep hands off, the medical profession will work out the problem along lines based on American ideals.

Except as has hitherto been provided for by Boards of Health and United States Public Health Service, any attempt to encourage the lay population of this country in the belief that the care of its health is largely the function and responsibility of the government is pernicious, dangerous and destructive to progress.

A fundamental weakness in our country today is the disposition of many to assume that someone else will provide the umbrellas every time it rains.

The man who pushes a junk wagon to make his living by his own individual effort is a better type of citizen than the one who gladly is the recipient of dole.

Many changes seem inevitable in the care of the public health. The Michigan State Medical Society is prepared to meet those changes. A tentative plan has been prepared ready for use should occasion require. Many changes may be the result of legislative enactment. The political power of the medical society must be exerted along constructive lines. Whether the medical society likes it or not, it is an obligation that cannot be sidestepped. The medical profession alone knows how health measures should be administered and it is the obligation of the society to exercise its rights and duties. The legislative branch of our state government must be told in no uncertain terms that the medical society insists on adequate medical care of all citizens based upon the fundamental principles of our government and our profession and laid down in the principles promulgated by our Society.

This legislative work is the duty of each and every member of the Society—not to be left to the Legislative Committee alone.

Michigan State Medical Society's actions should be based upon the principles which were laid down in the organization of our government and our profession.

The medical profession today is one of the few remaining groups that cling to the traditions for which blood has been shed from Lexington to the Argonne. It begs to be let alone, to carry on according to its honorable principles without interference from bureaucratic and governmental infringements.

The medical profession of Michigan still believes in the American conception of human rights and liberties, which have been the foundation and inspiration of progress.

The ship of idealism founders without the compass of experience.

An illustration of the value placed upon medical services by governmental agencies is the medical department of the Federal Emergency Relief Administration. Medical service is given by the profession at actual cost. The labor and material furnished by other departments contain a measure of fair profit.

The CWA and FERA have given \$180,000 for a nine hole golf course up in Keweenaw district, the most northerly part of Michigan, 35 miles from the nearest large center of population; on the other hand, the FERA only allows \$15.00 for the professional services and responsibility for the obstetrical care of mother and child during that trying period in the lives of those two individuals. An hourly rate of less than fifty cents for the professionally trained physician!

Adequate medical care cannot be ascertained by percentage, like the amount of cream in milk. No rubber stamp or standardized prescription is comparable to the confidence and human element represented by the family-physician-patient relationship.

Those who have practiced long in the medical profession know that many new remedies have been developed to treat the sick. Many a suggested remedy has proved worse than the disease. Let us not treat an economic illness with any remedy that may prove dangerous. Time-tested and worth-proven principles governing treatment of the physically and mentally ill must not be supplanted by paper formulae and standardized prescription writing.

We need not be in a great hurry to solve the problems here confronting the House of Delegates. Woodrow Wilson said at Pittsburgh, January 29, 1916: "One cool judgment is worth a thousand hasty councils. The thing to do is to supply light and not heat. At any rate, if it is the heat, it ought to be white heat and not sputter, because sputtering heat is apt to spread the fire." Thomas Jefferson said: "We must be contented to travel towards perfection step by step."

Members of the medical profession demand the right to fail or succeed by their own individual efforts. The medical man is an individualist. The contributions made to medical science have been largely the result of an individual's courage to think and act independently. If William Jennings Bryan were alive today and a member of the medical profession, he might well say: "You shall not crucify the practice of medicine on the cross of socialism. You shall not press down upon the brow of Æsculapius a crown of regimentation thorns."

This session is now ready for the consideration of such business as may properly come before it. Careful, serious deliberation must be made of all subjects. Again to quote from President Wilson: "If there is any heat at all, it ought to be that warmth of heart which makes every man thrust aside his own personal feelings, his own personal interests, and take thought of the welfare and benefit of others."

The Vice Speaker: The Speaker's address will be referred to the reference committee on Society Affairs.

The Speaker resumed the chair.

The Speaker: The next order of business is the President's address. Dr. George L. LeFevre.

The audience arose and applauded.

President LeFevre: The House of Delegates—Gentlemen: The Speaker has given you a very constructive talk on a subject in which we are all very much interested. It affects each and every one of us. I will not keep you very long because we have a lot to do.

President LeFevre read his prepared address.

PRESIDENT'S ADDRESS

During the years I have been associated with the active government of our State Society, I know of no convention upon the shoulders of which has been thrust as much responsibility. In no small measure the future welfare of our profession depends on your action at this and future meetings. Careful consideration has to be given the questions coming before this convention. Remember that as delegates you represent your fellow members, and as such, in all matters coming before this House, you should relinquish your personal opinions and ambitions and give heed to the wishes and needs of the members and community you represent. Let me mention in particular the matter of the Mutual Health Service. During this meeting you will be asked to vote upon this plan. Before you cast that vote, be sure you are thoroughly informed upon the matter, both pro and con. Then consider the effect, both good and bad, upon the profession and the public, of such a plan, and pass your judgment accordingly.

Precipitous action and snap judgment should be avoided. Before any definite action is recorded, be sure you are in possession of all of the facts that are involved. We are in the midst of changing times. What may seem right today may be wrong a few months hence. For this reason be alert to not assume an irrevocable position.

Let me say a word about the government of the Society and its component parts. Each year a set of officers, councilors and delegates are elected. Presumably they attain these offices because of the confidence the members place in them. After they are so elected, it is fair and wise that that confidence should be respected. Do not restrict or restrain their action. You can be certain that they will at all times act for the best interests of the Society and its members. Their appointment of committees or other officers will be based upon dependable information and facts. Any restricting action on the part of the membership hinders the progress of their work.

In the selection of a Secretary for the State or-

ganization, the Council is wisely deferring final action until it can find the best qualified man. I can assure you that knowing the exacting requirements of that officer, better than any member or delegate, your Council will make a wise choice. I urge that you permit the Council to have a free hand in this matter and that this House refrain from dictating to the Council.

I am deeply conscious of the fact that many of the county societies are very poorly informed about the activities of the State Society. This condition might result in much discord due to misinformation. The remedy for this condition lies with you men. The various matters which are discussed during the meeting should be thoroughly discussed by the County Societies and the delegates should impart instructive comments and urge unity of action, and wholehearted support of all approved activities. Independent action defeats many of our endeavors. Much help along these lines would come from a more diligent reading of that portion of THE JOURNAL devoted to the activities of the Council and Committees.

The House of Delegates is no place in which to engage in matters of controversy that are of local origin. Your actions should be in the interest of the whole state and not those of any small region. Counties must solve their own internal problems. Help in this direction may often be needed from the State officers and committees, and they will always be ready to be of assistance.

There is often much work to be done concerning legislative matters. Such problems are planned by the State Legislative Committee, and their plan of action is well outlined. It is well that you be guided by their recommendations and those of the Council. In this way the efforts of the entire state will be directed from a central committee, which, you will agree, will accomplish more than independent action.

With these few remarks of advice I wish you a most profitable meeting. The officers of the Society and myself want you to know that we deeply appreciate the time and effort you have spent in behalf of our Society and we feel sure that what constructive changes have been made in the past few years are due in no small part to the activities of the House of Delegates.

The Speaker: The President's address will be referred to the Committee on Society Affairs, of which Dr. George Curry, Genesee, is Chairman.

The next order of business is the President-Elect's address, by Dr. Richard R. Smith.

The audience arose and applauded.

ADDRESS OF PRESIDENT-ELECT

President-Elect Smith: As incoming President, I wish merely to extend my greetings. As the Speaker and the President have said so well the things I might say, I am merely going to endorse all they have said in regard to this meeting. I am sure everybody has come to this meeting with the feeling that this is perhaps the most important meeting ever held by the House of Delegates. There are two matters which are of special interest and importance. You have before you the report of the Committee on Economics, upon which you will be asked to make a decision. This situation is entirely in your hands.

You will remember that you appointed a committee to investigate this problem, and they have done their work thoroughly and well. I would call your attention to the fact also that this is an extremely good committee. They have acted wisely, they have given it lots of thought, and they are now proposing to you a plan for your consideration which perhaps will be the way out of our present difficulties.

You undoubtedly have given it a lot of consideration. You will hear debates on the floor pro and con on this plan. One can only ask that you take into consideration all of the factors which are involved and not pass in any prejudiced way upon the question involved.

Of still more fundamental importance, it seems to me, is the report of the Committee on Postgraduate Education and the need of the practitioner. It is more fundamental in that it involves no question of legislation or the statutes of economics. It involves the merits of the profession, the services we are going to render to the community, to the people of this state. Whatever action you may take upon that report, which you all have in your hands and I hope have at least partially read, I trust will be in furtherance of this splendid program of postgraduate work, which promises so much for us.

I am hoping that, as President, I am going to have the coöperation of every man here, and of the 3,000 more members of the State Society.

I thank you very much. (Applause.)

The Speaker: The address of the President-Elect will be referred to the Committee on Society Business.

The annual report of the Council will be given by the Chairman of the Council, Dr. Burton R. Corbus (Applause.)

Dr. Burton R. Corbus read the report of the Council.

REPORT OF THE COUNCIL

To the House of Delegates:

The Council has frequently and freely imparted its official actions through THE JOURNAL. It therefore presents this annual report in summarized form.

FINANCES

Our auditor's report has been published. Our securities are recovering in value. Funds were received from the MacGregor Foundation and the 20th Century Fund for the expenses of the Committee on Economics.

MEMBERSHIP

It is heartening to report 3,207 members in good standing. On September 1 there were 246 delinquent members.

LEGISLATION

Your Council is exceedingly well impressed by the activity and the program as proposed by this year's Legislative Committee. Under its capable, experienced chairman who is giving up much time to the work, the committee is proceeding most efficiently. The program emphasizes the value of and the necessity for personal contacts. We believe the committee's program to be most sound, and we urge that the members of each County Society make a special effort to respond to the requests of this committee. If we are to accomplish anything in a legislative way the committee must have the support and the sustained interest of every member of the profession in the State.

ECONOMICS

It is anticipated that the most important matter of business to come before this House at this session will be the report of the Committee on Economics. This House of Delegates should be, and we know that it is, most appreciative of the splendid work performed by this committee and appreciative too of the many sacrifices and the weary hours given by each committee member throughout this long period of study. You have accepted the valuable factual data gathered together. You have approved the general principles of the plan for Mutual Health Service limited to those in certain economic brackets.

You have instructed your committee to proceed with the gathering of facts and directed it to formulate a plan or plans based on these facts. You have instructed your committee to contact employers and employees, looking towards the establishment of such a plan. It is now your obligation to make the final decision. It will be a difficult matter to decide. You will, of course, consider carefully the plan or plans which will be presented to you. We beg of you that you address yourself to it most earnestly. Your Council has no recommendations to make, nor would it be becoming for it to do so. This committee is definitely a House of Delegates Committee. Your Council has furthered the activity of this committee in every way, but it has been extremely careful and particular not to alter in the slightest any of the instructions given to the Committee by the House of Delegates. It has insisted that in the acceptance of funds from outside sources both the spirit and letter of the House of Delegates instructions be observed. It has carefully refrained from any action which might be considered as creating policies or in any way influencing the work of this committee. Were your Council called upon to make a recommendation it would be much embarrassed. We are a cross section of the profession and though probably more familiar with the study than most of you, we yet find that closer study makes the problem no less difficult. Changing times make for changing minds and your decision of this week cannot and must not be irrevocable.

The Council urges that you be guided by the policies approved by the American Medical Association.

POSTGRADUATE WORK

The Council has cooperated fully with the Department of Graduate Medicine of the University and the Medical Department of Wayne University in providing postgraduate opportunities for our members in Michigan.

The Council is quite proud of the expansion of this program. Greater expansion is contemplated and announcement of opening new graduate centers in Flint, Kalamazoo, Battle Creek and Grand Rapids is about to be made. Michigan leads in making available exceptional opportunities for graduate work. The Council urges that every member avail himself of these opportunities.

FERA PROBLEMS

When the Emergency Relief regulations were promulgated your Council immediately sought and secured conferences with the State Commission. These conferences in regard to medical regulations and fees found the Council's Committee hampered by the ill-advised action on the part of one or two County units that had entered into agreements with County Commissions. Eventually an agreement was made but it would have been more satisfactory had we not had to contend with these County precedents.

Your Council requests that in all these and other matters local action be held in abeyance until a state policy, satisfactory to the profession, has been determined. Independent local action may militate against the profession's best interests.

Your Council is now active in a movement and is joining with other states and the American Medical Association to secure the appointment of national, state and local medical directors. We feel that the appointment of these medical directors and placing on them the responsibility of directing medical relief will eliminate many present unsatisfactory conditions.

ANNUAL MEETING

By reason of its experiences in supervising the arrangements necessary for an annual session and

because the selection of certain places entails expenses far in excess of what is warranted, your Council requests that the determination of the place for holding our annual meetings be vested in the Council.

Your Council transmits the following invitations for your 1935 meeting place without recommendation:

Flint
Sault Ste. Marie
Mackinac Island

Your Council makes the following observations:

(1) If an outing meeting is deemed desirable, Mackinac Island is more suitable. The program would consist of half day general scientific sessions and the meeting of the House of Delegates. Section meetings, Scientific and Commercial Exhibits would be suspended.

(2) It is questionable if the facilities of Sault Ste. Marie are adequate or can be made so, and we fear a small attendance would result.

THE JOURNAL

The Journal's standard has been maintained. The Council has adopted the policy of prompt presentation of Society action and activities in every issue of THE JOURNAL. Members and County Officers will enhance organizational work if they will read and be guided by these reports. THE JOURNAL is your Officers' and the Council's avenue of official communication to the members.

SECRETARY

The Council has announced the resignation of our Secretary, who has served you for twenty-two years. The Council has appointed an Acting Secretary who will serve until the January meeting of the Council. This action will enable the Council to have the opportunity of carefully reviewing the qualifications of men competent to discharge the duties of this important office.

CONCLUSIONS

Medicine is in a strategic position. Here, by united action and by careful consideration of the problems before us, we shall continue, as we have for 114 years, to work for the best interests of the public and the profession of this commonwealth.

AMENDMENTS TO BY-LAWS

To the House of Delegates:

Gentlemen:

To clarify conflicts and also to provide specific items, the Council recommends to the House of Delegates the following amendments to the By-laws.

AMENDMENT NO. 1

By-Laws—Chapter 1, Sec. 3.

Add the following two new paragraphs to the Section:

"Members who become reinstated by the payment of back dues shall not be entitled to medico-legal protection for any professional services rendered during their period of arrears and for which malpractice claims may arise."

"For the purpose of determining the dues for new members only, the fiscal year of the Society shall be divided into four three-month periods. New members shall pay adjusted annual dues for the unexpired quarterly periods of that year. Such new members shall not be entitled to medico-legal or other membership benefits until their election to membership has been duly reported to the State Secretary and such protection and benefits shall not cover any period prior to their becoming members in good standing."

AMENDMENT NO. 2

By-Laws—Chapter 5

Add the following new Section:

"Section 11. The following County Societies shall constitute the Councilor Districts of the State:

First District—Wayne
Second District—Hillsdale, Ingham, Jackson

Third District—Branch, Calhoun, Eaton, St. Joseph
Fourth District—Allegan - Kalamazoo - Van Buren, Berrien, Cass
Fifth District—Barry, Ionia-Montcalm, Kent, Ottawa
Sixth District—Clinton, Genesee, Shiawassee
Seventh District—Huron, Lapeer, Sanilac, St. Clair
Eighth District—Gratiot-Isabella-Clare, Midland, Saginaw, Tuscola, Gladwin
Ninth District—Grand Traverse-Leelanau, Manistee, Benzie, Wexford (Wexford, Kalkaska, Missaukee and Osceola)
Tenth District—Bay-Arenac-Iosco, O.M.C.O.R.O. (Otsego, Montmorency, Crawford, Oscoda, Roscommon and Ogemaw combined)
Eleventh District—Mason, Mecosta, Muskegon, Oceana, Newaygo, Osceola-Lake
Twelfth District—Delta, Marquette-Alger, Schoolcraft, Luce, Chippewa-Mackinac
Thirteenth District—Alpena-Alcona, Northern Michigan (including Antrim, Charlevoix, Cheboygan, Emmet, Presque Isle)
Fourteenth District—Livingston, Lenawee, Monroe, Washtenaw
Fifteenth District—Macomb, Oakland
Sixteenth District—Wayne
Seventeenth District—Menominee-Dickinson-Iron, Ontonagon-Baraga, Gogebic, Houghton-Keweenaw

RESOLUTION NO. 1

The Council recommends the adoption of the following resolution:

WHEREAS: Article 8, Section 2, of the Constitution provides that no more than four Councilors shall be elected at any annual session, and,

WHEREAS: In creating new Councilor Districts and electing Councilors their terms of office conflict with the Constitution's provisions, therefore

BE IT RESOLVED: That the terms of the present Councilors shall be fixed as follows:

	Term Expires
Carstens	1936
McIntyre	1935
Hafford	1935
Boys	1936
Corbus	1936
Cook	1936
Heavenrich	1937
Powers	1937
MacMullen	1937
Urmston	1937
Treynor	1938
Perry	1938
Van Leuven	1938
Cummings	1934
Baker	1935
Brunk	1935
Manthei	1938

Respectfully submitted,
 B. R. CORBUS, *Chairman*.

The Speaker: Thank you, Mr. Chairman. The report of the Chairman of the Council, with the exception of that part referring to changes in the Constitution and By-laws, and changes in the term of years of Councilors, will be referred to the Committee on Council Reports. That part of the Chairman's report with reference to changes in the Constitution and By-laws and term of service of Councilors will be referred to the Committee on Miscellaneous Business. If any members of those committees on the list are not present, their alternates are appointed to take their positions.

Committee reports. A number of these reports have already been printed in *THE JOURNAL*: The report of the Woman's Auxiliary Committee, Radio Committee, Preventive Medicine, Therapeutics, and Cancer Committee.

If the Chair hears no objection, those reports as printed will be referred directly to the Committee on Reports of Committees. Hearing no objection, those reports are so referred.

Committee on Legislation. Dr. Bradley wishes to make a supplemental report in addition to the one which has been published. In the absence of Dr. Bradley, Dr. Christian will present this report.

Dr. Christian read a supplemental report of the Committee on Legislation.

The Speaker: The supplemental report of the Committee on Legislation, in addition to the printed report, will be referred to the Committee on Committee Reports.

Dr. Christian, I wish you would extend to Dr. Bradley the sympathy of the House and the hope that he will soon be with us.

The next order of business is the report of Delegates to the A. M. A. Dr. J. D. Brook, of Grandville.

Dr. J. D. Brook read the report of the Delegates to the American Medical Association.

REPORT OF DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Cleveland Session, June, 1934

To present a verbal picture in abbreviated form of the transactions of the House of Delegates of the American Medical Association, considering the detailed reports of the Board of Trustees, the Secretary, the Judicial Council, the forty-five sets of resolutions presented, and the various committee reports thereon is not an easy task, hence the writer has attempted to present such portions of the proceedings as would appear to be of interest and value to the members of this house of delegates.

The Cleveland meeting will perhaps be recorded as one of the most important concerning action taken in defense of the doctor since the reorganization of the Association more than thirty years ago. This was manifest in the tone of various resolutions presented which mentioned apparent infringements upon the practice of medicine particularly by lay technicians, and again by resolutions which stingingly condemned special medical organizations as issuing pronouncements of policies in the field of medical economics and medical practice which do not represent the views of organized medicine. The following resolutions or synopsis of resolutions and the committee reports thereon we believe are of interest.

The following is from the report of the Reference Committee on Legislation and Public Relations, Dr. Chas. E. Mongan, Massachusetts, Chairman:

"1. Your committee heartily approves of the excellent work done by the Bureau of Legal Medicine and Legislation in the matter of NIRA legislation and urges the Bureau to continue to watch the development of codes likely to affect the practice of medicine, and especially to endeavor to protect the physician engaged in the practice of roentgenology.

"2. Federal Emergency Relief Administration: Your committee commends the interventions of the Bureau in the development of emergency medical relief service and approves of its acts; your committee recommends that the proper agency of the American Medical Association make an early survey of conditions existing at this time with a view to correcting discrepancies in the service and making possible improvements.

"3. Your committee would point to the fact that the freedom of choice of physician has been preserved in this service and that for the first time the fact that only the medical profession may properly evaluate medical service has been recognized.

"4. Federal Civil Works Administration: This report is historical. The only phase of this service of interest now is the delay in adjustment of claims of physicians for services rendered. This delay is due largely to the need of correction of errors in the reports of physicians who rendered the service. The Bureau should continue in touch with the situation and facilitate the proceedings as much as possible.

"12. Resolutions on Discrimination Against Certain Members of the Medical Profession: The matter was fully covered by the resolution adopted by this House in 1933 as follows:

"Resolved, That the American Medical Association in annual session assembled, condemns the persecution of any individual on account of race or religion, by any state or under any flag."

Dr. Geo. E. Follansbee, Chairman of the Judicial Council, presented three amendments to the Principles of Medical Ethics which were adopted on recommendation of the Committee on Amendments to the Constitution and By-Laws: The recommendations are rather lengthy and will be found on page 2118 of the Journal. I quote however two interesting paragraphs:

Contract practice per se is not unethical. However, certain features or conditions if present make a contract unethical, among which are: 1. When there is solicitation of patients, directly or indirectly. 2. When the compensation is inadequate to assure good medical service. 4. When there is interference with reasonable competition in a community. 5. When free choice of a physician is prevented. 6. When the conditions of employment make it impossible to render adequate service to the patients. 7. When the contract because of any of its provisions or practical results is contrary to sound public policy.

"Each contract should be considered on its own merits

and in the light of surrounding conditions. Judgment should not be obscured by immediate, temporary or local results. The decision as to its ethical or unethical nature must be based on the ultimate effect for good or ill on the people as a whole."

Dr. Burt R. Shurly, delegate from the Section of Laryngology, Otology and Rhinology presented resolutions in regard to hospital inspection and the committee on Medical Education, to whom the resolutions were referred, recommended that he contact the Council on Medical Education and Hospitals for information for correction of abuses mentioned in his resolutions.

The following is of interest in the report of the Committee on Medical Education. Resolution found on page 2198.

"2. The resolution introduced by Dr. L. J. Hirschman, Michigan, and Dr. D. C. McKenney, Section on Gastro-Enterology and Proctology, on the recognition of specialties for certification by the American Medical Association, was considered by your committee, to the deliberations of which many members of the Council on Medical Education contributed. In view of the fact that the American Medical Association recognized and provided a Section on Gastro-Enterology and Proctology, now in existence for sixteen years, this committee approves of the resolution and recommends that it be referred to the Board of Trustees and Council on Medical Education and Hospitals for determination of the methods of examination and certification in these specialties."

The following additional report by Dr. George E. Follansbee, Chairman of the Judicial Council, is in illustration of my previous statement regarding the issuing of pronouncements of policies in the field of medical economics by groups of specialists:

"Dr. George Edward Follansbee, Chairman, presented the following report:

"A resolution introduced by Dr. Charles J. Whalen, Illinois, calls attention to a recent action by the Medical Service Board of the American College of Surgeons approved by its Board of Regents, advocating and publicizing a procedure for furnishing medical and hospital care for certain classes of the population. No consideration appears to have been given to policies or procedure previously adopted by the American Medical Association, of which the Board of Regents are members. The American Medical Association is the one organization representing the entire body of physicians constituting the medical profession and by virtue of that fact is the only organization qualified to speak for the varying interests and ideas of the profession as a whole.

"Recurring proposals concerning the entire practice of medicine from small sections of the profession without due regard to the policies of the entire profession as represented by the American Medical Association when presented to the public through other channels than the representative body are confusing to the public mind, are harmful to the profession and give aid and assistance to those bodies and individuals attempting to revolutionize medical practice.

"The Judicial Council therefore recommends the adoption of the resolution as follows:

"WHEREAS, The American Medical Association, including 100,000 physicians, is the only democratic body representing the organized profession of this country through delegates regularly elected through county and state medical societies; and

"WHEREAS, Other medical organizations and groups, representing selected groups of specialists, have from time to time issued pronouncements of policies in the field of medical economics and medical practice, which do not represent the views of organized medicine and which purport to guide the medical profession and the public in the administration of medical affairs; and

"WHEREAS, The House of Delegates of the American Medical Association has repeatedly condemned the issuing of such announcements and policies, which seriously embarrass the attempts of this organization to secure adequate care for the health of the American people and to protect the ideals of the medical profession; and

"WHEREAS, The Board of Regents of the American College of Surgeons, assembled in Chicago on Sunday, June 10, promulgated a policy including a prepayment plan for medical care, restricted to so-called 'approved hospitals' to members of the staffs of such hospitals, and to physicians acceptable to such staffs; and

"WHEREAS, This action of the Board of Regents of the American College of Surgeons has been spread to the people of the United States through the public press on the opening day of the annual session of this House of Delegates; therefore, be it

"Resolved, That the House of Delegates of the American Medical Association express its condemnation of such tactics and of this apparent attempt of the Board of Regents of the American College of Surgeons to dominate and control the nature of medical practice; and be it further

"Resolved, That the House of Delegates request the Board of Trustees of the American Medical Association and the Judicial Council to ask the Board of Regents of the American College of Surgeons, who are themselves members of the American Medical Association, to explain the reasons for their action and to justify the attempt by this small group within a specialistic organization to legislate for all the medical profession of this country, truly represented only by the American Medical Association.

"The report of the Judicial Council was adopted on motion

of Dr. C. E. Humiston, Illinois, seconded by Dr. Albert Soiland, Section on Radiology, and carried unanimously."

Resolutions rather lengthy, found on page 2116 of the Journal "Opposing the Administration of Anesthetics by Any One Except a Licensed Physician," was referred to the Reference Committee on Miscellaneous Business which reported through its Chairman, Dr. H. B. Everett, that: "owing to the varying conditions which prevail in urban and rural districts, the matter in question deserves more careful study and survey than this committee can give at this time. We recommend that this resolution be referred to the Council on Medical Education and Hospitals for further study and report at a later time."

Resolution Requesting Appointment of Committee to Contact Leaders of Organized Labor, was presented by Dr. R. L. Sensenich, of Indiana, as follows:

"WHEREAS, The legislative program for consideration of the next congress will no doubt include prospective measures of social insurance, and

"WHEREAS, There are those who strongly favor the including in this program the enactment of legislation creating some form of sickness insurance, and

"WHEREAS, Ill advised legislation would harmfully affect the group of individuals to whom sickness insurance would be offered, as well as the medical profession, who would be required to provide the service and,

"WHEREAS, A review of the history of the creation of sickness insurance as recently reported by the Bureau of Medical Economics of the American Medical Association indicates that the establishment of sickness insurance in Europe has frequently been actuated by political motives or economic purposes, not giving full consideration of the best interests or wishes of the groups involved, and in no country have the labor unions led a demand for sickness insurance, and,

"WHEREAS, In the present period of readjustment of relationship of employer and employee, under guidance of the state, the demands of those who will speak for the body of millions of organized labor will be an all-important factor in determining the shape any such legislation will take, be it therefore

"RESOLVED, That the Board of Trustees be requested to appoint a committee whose duty it shall be, at the proper time, to contact the leaders of organized labor, to learn the attitude of the group they represent, and in conference with them to present the medical factors involved."

The Committee on Economics to whom this resolution was referred reported that:

"Your committee realizes the importance of this resolution and would recommend that the Trustees be requested to contact at such time and in such manner as they deem proper with the leaders of those groups or bodies interested, to bring about a mutual understanding of their aims and desires not only from the point of view of the medical profession but also for the best interests of the patient with due regard to the basic beliefs and principles of medicine. It would likewise be well if the suitable committees of state societies would do the same."

Resolutions on Exploitation of Roentgenologists in Hospitals and on Barring from the Practice of Radiology All Persons Not Licensed to Practice Medicine and many others on interesting subjects which reflect the trend of thought by our brethren from various parts of the country we commend to you for your perusal as well as the addresses of the President, President-Elect, Speaker, Report of the Secretary and Board of Trustees and the Committee comments thereon, as found in the June 23 and June 30 editions of the Journal.

Unquestionably the outstanding feature and topic of discussion was the presentation of resolutions on Mutual Health Service by the Michigan Delegation, as instructed by this House of Delegates on April 12, last.

The resolutions were presented by Dr. Carl F. Moll, following which Dr. J. H. J. Upham, Ohio, Chairman of the Board of Trustees, recommended that the resolutions be considered in executive session Monday afternoon. Motion to that effect was made by Dr. Moll and the session was called for 2 o'clock. At this session following a statement by Dr. Upham the subject was referred to a special committee for report at an executive session called for Tuesday afternoon June 12. The Monday afternoon meeting adjourned at 2:40 p. m., following which your delegates met with the special committee which continued in session until after 6 o'clock, discussing the problem. The committee met again at noon on Tuesday, at which time suggestions made by your delegates were incorporated in the report. The special committee presented its report at the second executive session Tuesday afternoon. It is impractical to present in this, your delegates' report, the special committee report in its entirety, first, because of its length, and, secondly, because it has been printed and may be found on page 2199 of the *Journal of the A. M. A.* We feel, however, that certain salient features of the report are worthy of repetition at this time.

The following portions from the special committee's report, Dr. Nathan B. Van Etten, New York, Chairman, are therefore emphasized by your delegates:

"Your reference committee has reviewed with painstaking interest the report of the procedures of the commission of the Michigan State Medical Society, commends the efforts of the commission to study and digest an important social operation concerned with medical service in England, applauds the sanity of its conclusion and its recorded opposition to the introduction into the United States of any system

of health insurance now existing in any country in Europe, because no system conforms at present with all of the policies adopted by the Michigan House of Delegates in July, 1933, namely:

1. Free choice of physician by the insured.
2. Limitation of benefits to those of medical service.
3. The control of medical service benefits by the profession.
4. The exclusion of individuals or organizations that might engage in health insurance for profit.

"Your committee believes that their principles are basically sound and that they should be included within any further study of medical service to be adopted as the policy of organized medicine.

"Your committee regrets the criticisms of policy and sincerity of officials of the American Medical Association and the publicity given to them and finds that it was due to a misunderstanding regarding information which failed to reach the delegates from Michigan. This relates to the efforts of the Board of Trustees, the Bureau of Medical Economics, the Secretary and the Editor, to study continuously all forms of social experiment affecting the practice of medicine.

"Your committee believes in the sincerity of the officials of the American Medical Association in promoting free access of any member of the Association to all of the files and completed records in which he may be interested."

"The delegates have in their hands a pamphlet entitled 'Sickness Insurance Problems in the United States' as presented by the Board of Trustees.

"Your committee does not recommend any plan but has abstracted from the pamphlet the following principles and suggests that they be followed by all constituent bodies of the American Medical Association as bases for the conduct of any social experiments that may be contemplated by them:

(The writer of this report has taken it upon himself to christen these principles by naming them "The American Medical Association Ten Commandments on Health Insurance of 1934.")

"First: All features of medical service in any method of medical practice should be under the control of the medical profession. No other body or individual is legally or educationally equipped to exercise such control.

"Second: No third party must be permitted to come between the patient and his physician in any medical relation. All responsibility for the character of medical service must be borne by the profession.

"Third: Patients must have absolute freedom to choose a duly qualified doctor of medicine who will serve them from among all those qualified to practice and who are willing to give service.

"Fourth: The method of giving the service must retain a permanent, confidential relation between the patient and a 'family physician.' This relation must be the fundamental and dominating feature of any system.

"Fifth: All medical phases of all institutions involved in the medical service should be under professional control, it being understood that hospital service and medical service should be considered separately. These institutions are but expansions of the equipment of the physician. He is the only one whom the laws of all nations recognize as competent to use them in the delivery of service. The medical profession alone can determine the adequacy and character of such institutions. Their value depends on their operation according to medical standards.

"Sixth: However the cost of medical service may be distributed, the immediate cost should be borne by the patient if able to pay at the time the service is rendered.

"Seventh: Medical service must have no connection with any cash benefits.

"Eighth: Any form of medical service should include within its scope all qualified physicians of the locality covered by its operation who wish to give service under the conditions established.

"Ninth: Systems for the relief of low income classes should be limited strictly to those below the 'comfort level' standard of incomes.

"Tenth: There should be no restrictions on treatment or prescribing not formulated and enforced by the organized medical profession.

"If it is determined in a community that some experiment to change or improve the method of administering medical service is desirable, observance of these principles will remove many of the 'disturbing influences' from such an experiment. In all such experiments, attention must be sharply focused on the quality of medical service.

"Such restrictions will undoubtedly lower the enthusiasm of many of the present advocates of such schemes. They remove the interest of the politician, the commercial promoter and all those who consciously or unconsciously are seeking to achieve other objectives than better medical care for those unable to provide such care for themselves under present conditions. All these principles are directed toward protecting the character of service to be given and all are directly designed to guard against abuses which experience shows are bound to arise when these principles are neglected. In most communities it will be found that comparatively few changes in the methods of administering medical care will be necessary. That type of medical practice which preserves the personal relationships between physician and patient, that maintains the practice of medicine as a profession, and that has withstood the test of centuries must be preserved for the best interests of both the public and the medical profession."

An attempt to incorporate into the report that a standing committee of seven from the A. M. A. house of delegates composed of men in the active practice of medicine be appointed to further study the subject was defeated following the recommendation of the Committee on Economics, to whom it was referred, which stated that it was apparent that the Bureau of Medical Economics has every facility for further study.

Unfortunately the Michigan resolutions not having been accompanied by all the necessary information incident to their proper defense, your delegates were somewhat handicapped in debate. This situation had undoubtedly been brought about through misunderstandings between some of the members of our Society, your delegates, and the officers of the A. M. A. We harbor no ill will and we criticize no one, realizing fully that speed and action were necessary and that perhaps it was taken for granted that we were well informed. We all make mistakes which in retrospect would not have occurred and in that spirit we accepted the situation. Your delegates were very cordially received and very fairly treated by an unbiased committee well selected by the speaker, except that Dr. Sinai was not called before the committee in the face of the fact that your delegates had requested that he be allowed to appear.

Your delegates were extremely diligent and made a sincere effort to carry out the instructions of this house and although we were not successful in obtaining the appointment of a special committee for further study of the subject, the Michigan resolutions did bring forth from the American Medical Association its position on Health Insurance as promulgated in the ten points heretofore mentioned, based practically on Michigan's four points. We believe this to be an outstanding achievement to the everlasting credit of the Michigan State Medical Society.

Regardless of the conditions which prompted the controversy between our Society and the A. M. A., we believe that sincere attempts should be made to avoid them in the future to the end that the various units of organized medicine may be united to meet the common foe.

The Cleveland meeting adjourned following the election of James S. McLester of Birmingham, Alabama, as President-elect, Dr. Olin West as Secretary and Dr. F. D. Warnshuis, as Speaker, and selected Atlantic City as the 1935 place of meeting.

All of which is respectfully submitted and signed by your Delegates.

The Speaker: This report will be referred to the Committee on Society Business.

Those are all of the special committee reports. The next order of business is the report of the Committee on Economics, Dr. W. H. Marshall of Genesee, Chairman.

Dr. L. J. Hirschman (Wayne): I move that we recess for five minutes before this report is read.

The motion was regularly supported and carried and the House recessed for five minutes.

Dr. L. J. Hirschman (Wayne): I move that this House of Delegates go into executive session to receive the report of the Committee on Economics.

Dr. Karl Brucker (Ingham): I support the motion.

The Speaker: Moved by Dr. Hirschman of Wayne, and supported by Dr. Brucker of Ingham, that the House of Delegates go into executive session to receive the report of the Committee on Economics.

All those in favor say "aye"; those opposed, "no." It is carried.

I will appoint as Sergeants-at-Arms Dr. Ellet of Berrien and Dr. Andrews of Kalamazoo. Only delegates, officers of the Society, or members of the Society may remain while the House is in executive session.

Upon vote of the House, Dr. Sinai and Dr. Henry Vaughan were invited into the executive session.

We will now listen to the report of the Chairman of the Committee on Economics, Dr. Marshall.

Dr. W. H. Marshall read the first three pages of the report of the Committee on Economics.

REPORT OF COMMITTEE ON MEDICAL ECONOMICS

Three years have elapsed since the House of Delegates appointed a special Committee to survey the medical services and health agencies in Michigan. It is appropriate that at this time the special committee which, since last year, has been designated as your Committee on Medical Economics, review, briefly, its activities to date.

It is to the everlasting credit and a tribute to the vision of the State Society that it has been working for three years upon problems that only recently have engaged the attention of practically all other state societies. For evidence of this, one but needs to examine the current literature. Thus, Michigan, through its collection of factual information, is in a strong position to present the case and cause of the profession to government officials, the public and to other medical organizations. Your committee regards this as one of the most important results of the society's activities, a result to which later reference will be made.

In July, 1933, your committee presented a large body of facts, with recommendations, to a specially convened House of Delegates. It is significant that those facts, though they have been subjected to minute and, at times, hypercritical analysis, have not been controverted. The purpose in presenting the detailed factual evidence was to secure some agreement among the members of the profession concerning the nature of medical economic problems. Without this agreement, your committee felt that Michigan would engage in the hopeless controversy that characterizes so much of the present-day discussion in the United States.

Briefly, the facts adduced were:

1. Michigan has a large body of people whose annual incomes are insufficient to provide the necessities of life. During periods of economic stress, this group increases to an extent that is difficult to calculate.
2. Michigan has a large body of people whose annual incomes are sufficient to provide the ordinary necessities of life. Normally, this group contains the largest number of people.
3. Michigan has a comparatively small body of people whose incomes are sufficient to provide both the ordinary and extraordinary necessities of life.
4. Because of its nature, medicine is in an anomalous position as a necessity. It is the only accepted necessity that is unpredictable and therefore unbudgetable. Herein lie the differences between medical care and such items as food, shelter, fuel and clothing.
5. The American people purchase what they are taught to purchase; hence, when the need for medical care arises, it is too often found that the family surplus has been expended and mortgaged for the purchase of items of secondary importance. In this aspect of American life, the profession faces a fact which no amount of criticism alone will solve. If the consumption of patent medicines has increased so tremendously in spite of the direct and concerted attack of the profession, how much less could be expected from any attack on the purchase of movies, radios, fur coats and automobiles in lieu of medical service. There is little doubt that even among the higher income groups, the medical profession included, it would be found that many luxury items are purchased before all provisions are made for the insecurities of long illness, death or other catastrophes.
6. As a result of the foregoing factors that adversely affect the distribution of medical services, there is a tendency on the part of the public to
 - a. Postpone medical care until emergency care becomes necessary.
 - b. Place upon the medical profession an excessive burden of free or only partially compensated service.
7. The net result of this is seen in the following situations:
 - a. Those of the population who have lived provident lives may suffer a loss of all or a large portion of their savings through the emergencies of sickness.
 - b. Those who have been improvident may receive services of a comparable nature at an exceedingly low cost.
8. All this adversely affects the lives and the incomes of physicians as shown by the fact that in 1929 one-third of all those practicing in the United States, and in 1931 one-half of those in Michigan, received incomes below \$2,500. Until the last five years this low-income group of physicians, having no knowledge of the number included in its ranks, has been relatively inarticulate. It is now becoming less so and the utterances of medical leaders with high incomes that free service and partially compensated service are the divine rights of the physicians are falling upon less receptive ears.
9. Finally, the probable effect of the low incomes of so many physicians upon the quality of medical service has been given too little thought throughout the country. More will be said later concerning this factor.

These are a few of the salient facts that flowed from the study of Michigan's medical problems. They appeared to show clearly the nature of the major problems and to justify the conclusions reached by your committee. Their acceptance by the House of Delegates cleared the way for a consideration of any solutions that might be offered.

At the annual meeting in September, 1933, your committee presented a "continuation program" for the approval of the Delegates. In spite of the great number of problems in the state, your committee suggested that it devote its efforts during the year to three aspects of medical service, as follows:

1. A study of postgraduate medical needs and the presentation of a plan or plans to meet professional and public requirements.
2. A study of the care of indigents, and the presentation of a plan or plans applicable to local areas in the State.
3. A study of health insurance and the presentation of a plan or plans in accordance with the policies adopted by the House of Delegates.

The House of Delegates approved this program and therefore your committee's report will now deal with each of the above items.

POSTGRADUATE EDUCATION

In its first series of studies, your committee gathered certain data concerning the physician's postgraduate activities. The evidence was very disturbing, but because of its inconclusive nature no conclusions were drawn and a further study was undertaken. The results of this study have been received by each Delegate. Your committee regards it as the most comprehensive study of this aspect of medicine that has ever been made. Its content is a most emphatic command that the profession undertake immediate steps to improve the quality of medical care. To say that the United States provides the highest quality of medical service obtainable in the world is only to beg the point. The efforts of the medical profession will not be done until it may be said that the United States has the highest quality of service that science permits. If this objective is to be attained it will require the combined efforts of the educational institutions and the profession.

At this time I shall call upon the Chairman of the Subcommittee on Postgraduate Education to present his report and recommendations: Dr. C. G. Jennings.

Dr. Jennings being absent, Dr. Marshall continued.

HEALTH INSURANCE

In April, 1934, at a special meeting in Flint, the House of Delegates approved the general principles of an experiment in health insurance titled "Mutual Health Service." Emphasis was placed upon the experimental nature of the program and your committee was directed to prepare the final details of a plan for the consideration of the Delegates. Unforeseen circumstances prevented the completion of the program. Because of financial obstacles it was necessary to postpone work on the details until July 1. It will be recognized that, in view of the size of the task, two months were insufficient to produce a carefully considered program.

Because of the situation in health insurance in the United States, your committee withheld final action on its report and recommendations until last night. The wisdom of this course is proved by the developments that have taken place during the past three weeks.

Since July 1, and under the leadership of the medical profession, other professional groups in Michigan have been studying and formulating programs in connection with "Mutual Health Service." To date, committees have been appointed by the dentists, hospital administrators and nurses. The chairmanships of these committees are held by Dr. M. Webster Prince, Dr. Stewart Hamilton, and Miss Grace Ross, respectively.

An indication of the size of the task necessary to formulate final details may be seen in the work of the dental committee. The most important question to be answered is "What are the dental needs of the population, according to different age groups?" Data on this question are almost entirely lacking. The Dental Committee has received the results of 4,000 oral examinations recently made by the Chicago Dental Society. The Chicago group contributed the examinations and the Michigan committee is proceeding with the analysis of the results. In addition, the Michigan dental committee is planning further examinations to serve as controls upon the Illinois results. Only in this manner will it be possible to determine the services and costs for the minimum of adequate dental care.

In anticipation of the development of the final detailed plan, your committee's discussions with industry and labor have been, thus far, of a general nature. While both of these groups have shown interest—in certain instances, keen interest—your committee has not pushed this aspect of its activities. It is felt that progress in this direction must await the time when the details of the plan are more nearly completed. Only then can the discussions with industry and labor become specific. As it is, the discussions must be limited to general principles.

Your committee is attempting to follow rigidly the course outlined by the House of Delegates in April. A tentative legal opinion concerning "Mutual Health Service" has been secured. It is to the effect that "the plan as proposed is lawful and valid and may properly be carried into effect by the organization of a non-profit corporation under Michigan laws" and, further, "that the plan proposed does not involve the writing of insurance and is, therefore, entirely consistent with the Michigan laws."

At this time it is appropriate to point out certain of the effects of the actions of the House of Delegates in Michigan. The action relative to Mutual Health Service in all probability may serve to prevent a recurrence in the United States of the deplorable situation that prevailed in England in 1912. The statement of Dr. Alfred Cox, Secretary-emeritus of the British Medical Association, is peculiarly significant in the light of occurrences in the United States in 1934:

"With reference to the policy of the medical profession towards health insurance, it was emphasized that the profession should be first in the field with plans and program. It was further emphasized that there is grave danger in waiting for action to be taken by the public or the politicians. 'If the doctors don't know what is necessary in medical care, who does?'"

"If the profession had been first in the field with a plan, there would have been saved much bitter feeling within the profession as well as loss of public prestige."*

"The struggle that took place before the Bill was adopted almost split the British Medical Association."

It was the action taken by Michigan in April that brought the matter specifically before the delegates at Cleveland. Therefore, it was through Michigan's leadership that the delegates of the American Medical Association adopted the ten principles for the guidance of the profession in the United States. Though certain of the principles may lend themselves to various interpretations, they should serve to consolidate the profession in the interests of constructive action.

Commenting upon this action, an editorial in the *British Medical Journal*, of August 4, 1934, states:

"Remembering the events of 1911-12 in Britain we can well understand the alarm felt lest the medical profession of the United States should come to grief through divided counsels."

The public response to the action taken in Michigan is shown in the following excerpt from an article in the *New York Times* of June 15:

"Michigan expects to experiment cautiously in three counties possibly, carefully studied and controlled.*** This may mean, if it is any indication of a trend, that American physicians may take the planning, inauguration and control of some new system into their own hands."

The task of your committee has not been made easier by reason of certain mental hazards. It is not immune to whispered criticism of its motives nor is it equipped with an impenetrable armor against the misinterpretations of the actions of the House of Delegates. These could not help but slow down and add immeasurably to the difficulties both of research and planning.

However, your committee wishes to report two major events that have occurred within the past three weeks. These completely justify the Society's expenditure of money, time and thought upon medical economic problems.

The first is concerned with the national trend toward health insurance. President Roosevelt has appointed a special committee on Economic Security to consider social insurance. The committee includes Secretary Perkins as Chairman, Secretary Morgenthau, Secretary Wallace, Attorney General Cummings and Federal Relief Administrator Hopkins. The committee has appointed certain members of a technical board under the directorship of Edwin E. Witte. The staff of this board includes, among others, Edgar Sydenstricker of the Milbank Foundation.

Your committee recommends a careful reading of the editorial appearing in the *Journal of the American Medical Association* of August 25. The following excerpts from this editorial are highly significant:

"The appointment by the President of the Committee on Economic Security, is assurance that the President intends to go ahead with his program, and the committee interprets the executive order that created it as a mandate to survey the entire field and outline a complete program for economic security.*** At the annual session of the American Medical Association in Cleveland, ten principles for the guidance of the medical profession in setting up any plan were unanimously adopted. The medical profession, in setting forth these principles, aims to protect the quality of medical service rendered to the people and to safeguard the relationship between patient and physician which is fundamental to the best type of medical practice.*** It is to be hoped that the American medical profession merits enough recognition from our government to cause that government to seek its advice and its assistance in the development of those plans from the very first step in the consideration."

Concerning the last quotation, your committee feels that Michigan now occupies an enviable position among medical organizations in the United States. While other organizations have shown a tendency to expend their energies on controversies and philosophic digressions, Michigan has directed itself toward scientific research. Its three year record of careful, constructive effort and action entitles it to a sympathetic hearing in which its opinions will carry weight.

One of the most disturbing aspects of this national development is a matter which should give pause to the whole profession in the United States. The action in Washington raises the question: Why, or by what chain of events, has the profession been placed in a secondary position as advisor in medical economics? No angry retort to this question will serve any good purpose. The diagnosis of a pathological condition is not aided either by the refusal to recognize a symptom or by anger at its manifestation.

The second of the two major events was the publication of the Report of the Committee on Economics of the Canadian Medical Association. This report titled "A Plan for Health Insurance" is now under consideration by the Provincial Medical Societies. The committee of twenty-seven members responsible for the plan makes these statements:

"In this as in other matters, it is the body which has prepared a concrete proposal which may expect this proposal, with modifications, to be accepted and to provide the basic plan for the final scheme. The original basic plan is always difficult to change, hence its vital importance. For this reason alone, the medical profession of Canada should be prepared with such a plan, if they desire to direct the development of health insurance along the lines which to the members appear to be best. This is not a selfish motive, because what is best for the medical profession must be best for the public. Passive opposition gets nowhere.***

"The organized medical profession should accept their ob-

vious responsibility to give leadership in the professional aspects of medical services. The organized medical profession has the right to expect that they will be consulted by any government considering health insurance or other similar legislation affecting the provision of medical care. That the medical profession should be consulted is in the public interest because the public and the medical profession are mutually and equally interested in securing and maintaining a high standard of medical service. It is the public who would suffer from any lowering in the standards of medical care."

Certain of the seventeen principles adopted by the Canadian Committee are of interest to this House of Delegates for two reasons: first, conditions in Canada do not differ greatly from those in the United States; and, secondly, because of the studies and actions of the profession in Michigan. The principles are as follows:

1. "That the professional side of health insurance medical service be the responsibility of the organized medical profession through the appointment, by the medical societies, of a Central Medical Services Committee and Local Medical Services Committees to consider and advise on all questions affecting the administration of the medical benefit.

2. "That medical care for indigents be provided under the Plan, the State to pay the premiums of the indigent, who then receive medical care under exactly the same conditions as the insured person.

3. "That the Plan be compulsory for persons, with dependents, having an income of less than \$2,500 per annum; and for persons, without dependents, having an income of \$1,200 and less per annum.

4. "That the dependents of insured persons be eligible for the medical benefit.

5. "That there be offered, on a voluntary basis, to those with incomes above the health insurance level, Hospital Care Insurance, and that this be administered as part of the State Health Insurance Plan.

6. "That the only benefit under the plan be the medical benefit.

7. "That the medical benefit be organized as follows:

(a) Every qualified licensed practitioner to be eligible to practice under the Plan;

(b) The insured person to have freedom of choice of general practitioner;

(c) The medical service to be based upon making available to all a general practitioner service for health supervision and the treatment of disease;

(d) Additional services to be secured normally through the general practitioner:

(1) Specialist and consultant medical service (only those so designated to be eligible to practise as specialist and consultant);

(2) Visiting-nurse service in the home;

(3) Hospital care;

(4) Auxiliary services—usually in hospital;

(5) Pharmaceutical service.

(e) Dental service arranged direct with dentist or upon reference.

8. "That the Insurance Fund should receive contributions from the insured, the employers of the insured, and the State.

9. "That the medical practitioners of each local area be remunerated according to the method of payment which they select.

10. "That the Central Medical Services Committee decide the relationship between specialist and general practitioner fees, and between medical and surgical fees.

11. "That contract-salary service be limited to areas with population insufficient to maintain a general practitioner in the area without additional support from the Insurance Fund.

12. "That no economic barrier be imposed between doctor and patient, but that the insured be required to pay a part of the cost of medicines."

It will be noted that there is a rather remarkable agreement between the majority of these principles and those adopted in Michigan last April.

In the light of these and other developments in health insurance, your committee sees three courses that may be followed by the profession. Your committee believes that the selection of any of the courses is a burden which should be borne by the House of Delegates. It, therefore, presents the courses without any specific recommendations:

First: The House of Delegates may reverse its position of last April, discharge the Committee on Medical Economics, discard its principles of health insurance and oppose any national, state or local programs or experiments in that direction.

Second: The House of Delegates may postpone action on health insurance continue the Committee on Medical Economics, and hold itself ready for a special call if and when national or state programs of health insurance appear imminent to this House of Delegates.

Third: If there is sufficient evidence that the probable development of health insurance is no longer debatable and that the method of its development is the subject of major importance, the House of Delegates may reaffirm, with such changes as it deems necessary, the principles already adopted, re-direct the Committee on Medical Economics in the continuation of its work, and request a voice in any national or state consideration of health insurance.

As already stated, these three courses are presented without any recommendation for a choice. The Delegates may see other courses that are outside the vision of the Committee.

MISCELLANEOUS

Because of the rapidly changing aspects of the medical care of indigents due to the program of federal relief, your committee postponed any specific study of this problem. The Chairman attended a number of conferences with the State Relief Commission. The results of these conferences have been reported. As is already known, your committee gave some attention to the care of the indigents in the program of health insurance.

The only important change in the program was the addition of the study of the Detroit Plan of Medical Participation. The data collected were reviewed by a special sub-committee that submitted the following report:

The Sub-committee of the Committee on Medical Economics herewith renders its report on its study of the Detroit Medical Participation Plan. The Plan has been reviewed and data collected are submitted herewith together with a statement by Doctor H. F. Vaughan. The Committee makes the recommendation that this study be continued in view of its inability to prove or disprove its value. It further recommends that further study be on future operations of the plan or a planned schedule for statistical research. The Committee wishes to go on record as believing that the future operation of the Detroit Plan will be materially benefited by the present study.

Also, that Doctor Sinai and his assistants on the research committee be thanked and congratulated on the thoroughness of their work and the time they put on it, and that Doctor Vaughan's spirit of cooperation be appreciated.

In order to prevent the overlapping of activities by state or local committees, and because medical participation is of primary importance to the State Committee on Preventive Medicine and the Committee on Public Health of the Wayne County Medical Society, your committee recommends that any further study of medical participation and the data collected thus far be placed in the hands of the above committees.

As recommended by the House of Delegates, your committee has requested the President of the University of Michigan to appoint a special committee on University Hospital policies. This committee is to meet with a committee from the State Medical Society to consider the role of the University Hospital in the provision of medical care. The membership of the two committees is as follows:

University Committee: Dr. F. A. Collier, Dr. A. C. Furstenberg and Dr. U. J. Wile.

State Medical Society Committee: Dr. H. A. Plaggemeyer, Dr. J. B. Jackson and Dr. H. B. Randall.

Your committee wishes to pay tribute to the work of the sub-committees. But for the assistance given by the members of these committees it would have been impossible to work in any effective manner. With their aid it has been possible for the Michigan State Medical Society to conduct its studies in a logical sequence and to view the results dispassionately.

It is the element of social responsibility that distinguishes the profession from a business or trade. In our social and economic structure the profession stands out like a vein of gold running through quartz. Surrounded by the theories and practices of business, the wonder is not that the profession has been affected here and there by these influences. The wonder is that we may still point to and take pride in our acceptance of the responsibility which places the "good of society" in the forefront.

The garment of leadership is not an easy one to wear. Its size is large, and when it falls upon narrow shoulders its folds tend to hamper and suffocate the wearer. Your committee believes that when the history of medical economics is written, Michigan will be shown to have justified her traditions.

Respectfully submitted,

F. A. BAKER, M.D.
L. G. CHRISTIAN, M.D.
B. U. ESTABROOK, M.D.
I. W. GREENE, M.D.
STUART PRITCHARD, M.D.
P. A. RILEY, M.D.
W. H. MARSHALL, M.D., *Chairman.*

Dr. W. H. Marshall read the report of the Sub-committee on Postgraduate Education.*

Dr. Marshall: A copy of this report is now available for each delegate.

The Speaker: At this time, your Speaker would like to again call your attention to the fact that the House of Delegates at a previous meeting decided that any publicity which was given out should come through a committee. At that time, that Publicity Committee was determined as the Chairman of the Committee on Reports of the Council, the Chairman

of the Council or someone whom he should designate, and the Speaker of the House.

At this time, your Speaker would again like to call your attention to that quotation from Woodrow Wilson, where he said: "One cool judgment is worth a thousand hasty councils."

Inasmuch as this report of the Committee on Economics is available, your Speaker would suggest that this whole subject be made a special order of business tomorrow morning, and that from this point on we proceed with the regular order of business.

Dr. L. J. Hirschman (Wayne): In accordance with your suggestion, and concurring heartily in the sanity of it, I move that we now arise from executive session, and make this a special order of business at eight-thirty tomorrow morning.

Dr. Wm. J. Cassidy (Wayne): I support it.

The Speaker: The motion now is that the report of the Committee on Economics be made a special order of business for tomorrow morning at eight-thirty, and from this point on we arise from executive session and proceed with the regular order of business.

Is there any discussion?

Dr. L. J. Hirschman (Wayne): With the consent of my second, may I change the time of the special order of business to 4 p. m. today?

The Speaker: The motion as it now stands is for the special order at 4 p. m. today. Is there any further discussion? If there is no further discussion, those in favor of the motion for a special order of business for the consideration of the report of the Committee on Economics at 4 p. m. this afternoon say "aye"; opposed. Carried.

The House has now arisen from executive session, and we will proceed with the regular order of business, introduction of resolutions.

Dr. W. C. Ellet, of Berrien County, presented a resolution.

RESOLUTION

WHEREAS, The Berrien County Medical Society at its regular monthly meeting on the 30th of August, 1934, after due discussion and deliberation considered that troubled times have settled upon this State of Michigan and the Medical Fraternity, as well as the entire world, and men of thought have set their minds at work to bring about solutions, that we may all live the "abundant life" and;

WHEREAS, many false premises have been assumed by zealous individuals, in their attempt to correct and prevent future ills in the economic order, and although they have promulgated such ideas with undoubted honest convictions, we feel called upon to point out the dangers of such propositions, particularly the major false premise as shown in the Survey Report of the Economic Committee of the Michigan State Medical Society as published in 1933, which is the basis for the planned economy of Mutual Health Service, which plan is being offered as a solution to our troubles, to quote: "Ever since the English Poor Law of 1601, the right to live has been guaranteed in all civilized countries. The right to live implies more than MERE NECESSITIES of life. Adequate medical services must be distributed to the entire population. It would be manifestly unjust to deny any citizen relief from incapacitating illness," and,

WHEREAS, this premise singles out only medical care instead of further stating, adequate food, shelter, clothing, transportation, legal services and so on with the thousand and one things, which we in this day and age accept as the "necessities of life" and further this quotation ignores economic class distinctions, ignores the goodness and always existing charity of medical men, which facts are common knowledge, ignores the biologic laws of existence and survival of the fit, proven scientific facts which revolutionary legislation on the part of man can never change, and

WHEREAS, a plan has been evolved from this false premise, and we as members of the profession of medicine are singled out and asked to risk our individualism, our personal relationships as developed by the individual contract and fee system to adopt a communistic regimentation, masked under the guise of mutual benefit, to stifle individual research and success, to risk the loss of prestige of our noble profession, to lower our profession to the rank of labor wherein the salary is set by the employer, or at least the scale by arbitration, and all this in order that a theoretic plan built up from plans acknowledged inadequate, and in opposition to the rules and plans of the American Medical Association, entirely in conflict with all the age-old ethics

*This report is a 64 page volume entitled "Postgraduate Medical Education and the Needs of the General Practitioner."

of the arts of medicine, which have stood the test of time and proven good during past economic upheavals far more disastrous than the present, and

WHEREAS, no other profession, guild or trade of any other rank has voluntarily offered to make such experiment or sacrifice, and

WHEREAS, various polls of individual members of the Michigan State Medical Society have shown a preponderance of opposition to the tentative plans of Mutual Health Service,

Be it Hereby RESOLVED, That The Berrien County Medical Society go on record, and cause such Record to be presented to the House of Delegates of The Michigan State Medical Society at their 114th Annual Meeting in Battle Creek in September, 1934, in opposition to the indorsement of the principle of Mutual Health Insurance as so endorsed by the House of Delegates at the special meeting held in Flint, and be it also,

RESOLVED, That the Berrien County Medical Society express its opposition to the adoption of any plan for Mutual Health Service, Mutual Health Insurance, panel, or State Medicine or any plan aside from that being pursued by the Licensed Ethical Medical Profession in this state today, and

Be it further RESOLVED, that the House of Delegates, and the Council of the Michigan State Medical Society, be asked to refrain from any further expenditure of the funds of said Society to further such plans, or to accept funds from any individual, group or foundation to further such plans, unless the time should arrive when other professions, guilds and tradesmen feel it incumbent upon them to offer similar sacrifices in the regimentation of their services, and then the matter may again be brought before the House of Delegates with proof, and if they so wish, for their consideration.

In forwarding these resolutions may the Berrien County Medical Society, as a component body of the State Organization, urge upon each and every member that in these troublous times we exercise patience, and administer to the sick, and care for our own welfare with the honorarium we receive from the ethical practice of our profession, until such time as the ever oscillating pendulum of economic existence shall return to that point when the "mere necessities of life" are again available to the Practitioner of the Medical Arts, as well as to his fellowmen.

(Signed) BERRIEN COUNTY MEDICAL SOCIETY,
DEAN M. RICHMOND, President,
Attested: EDWIN VARY, Secretary.

The Vice Speaker took the chair.

The Vice Speaker: This resolution, I understand, will be referred to this afternoon's executive session. Are there any other resolutions?

Dr. C. S. Gorsline, of Calhoun County, presented a resolution.

RESOLUTION

WHEREAS, In the past the practise of certain branches of medicine has been delegated to non-medical operatives who have taken the place of regular physicians and;

WHEREAS, Such practise has resulted in usurpation of a portion of the field of medical practise and, to that extent, deprived physicians of a portion of their practise and;

WHEREAS, The circumstances as above related have undoubtedly contributed to the seeming excess of medical personnel in this and other states and;

WHEREAS, In most of the instances above referred to, these encroachments have been sponsored by hospital management and other lay bodies, and;

WHEREAS, Such assumption of prerogative has placed such hospitals and other lay bodies in the actual practise of medicine in competition with physicians doing a private practise in the same vicinity, and;

WHEREAS, The practises above noted have become so widespread and pronounced as to be the subject of condemnatory resolutions by the A. M. A. House of Delegates in its last session, and;

WHEREAS, The practise in general is detrimental to public welfare and the medical profession; therefore be it

RESOLVED, That this House of Delegates of the Michigan State Medical Society does hereby record its opposition to any and all procedures whereby lay technicians or other agents of any hospital or other organization are employed to render services that are essentially professional and require the exercise of judgment, which judgment can only be acquired by regular medical training; except as such services are rendered under direct professional direction; and be it further

RESOLVED, That a copy of this resolution be sent to the A. M. A. Council on Medical Education and Hospitals which now has this matter under consideration as a result of resolutions referred to it by the House of Delegates at the Cleveland meeting.

The Vice Speaker: This resolution as presented by Dr. Gorsline will be referred to the Committee on Miscellaneous Business.

Are there any other resolutions?

Dr. C. F. Snapp (Kent): I have been requested by the Public Relations Committee of our local society to present the following resolution.

RESOLUTION

WHEREAS, The present Afflicted Children's Act, Public Acts 1933—No. 248, 12892 Expense of care and treatment; transportation, Section 4 reads:

"No compensation shall be charged or allowed to the admitting physician or any physician, surgeon, or nurse who shall attend or treat any such child at the state university hospital other than the salary or compensation paid to such person by the state university hospital: Provided, however, That reasonable compensation, to be fixed, and audited by the State, and paid through the hospital as hereinafter provided, may be allowed to any physician or surgeon treating any such child at any such hospital other than the State University hospital at Ann Arbor, Michigan: Provided further, That fifty per centum of the cost of transportation of such child to such hospital shall be paid by the county in which such child resides, and it shall be the duty of the county treasurer to pay such transportation expense out of the general fund of the county upon receipt of the proper certificate of approval thereof from the probate court: Provided further, however, That all services of surgeons and physicians requested or rendered other than that furnished by the university hospital shall be paid by the person requesting said service or charged to the county, as shall be determined by the judge of probate."

WHEREAS, The wording of this paragraph provides "That all services of surgeons and physicians requested or rendered other than that furnished by the university hospital shall be paid by the person requesting said service or charged to the county, as shall be determined by the judge of probate," and

WHEREAS, The Judges of Probate of some counties state that there is no provision in the budget of the Board of Supervisors to provide for the payment of medical fees, and

WHEREAS, This is unfair and discriminating because hospital services are paid and the surgeons' and physicians' services are not paid, therefore be it

RESOLVED, That the Michigan State Medical Society protest the unfairness of this law, and

FURTHER, That the House of Delegates go on record as being opposed to the law and voice itself accordingly, and

FURTHER, That the Legislative Committee of the State Medical Society be instructed to call this fact to the attention of Legislators with a view to having an amendment introduced at the coming session of the Legislature, and

FURTHER, That County Medical Societies bring this matter to the attention of the State Representatives and Senators from their districts.

The Vice Speaker: This resolution presented by Dr. Snapp will be referred to the Committee on Committee Reports.

Are there any other resolutions?

Dr. Wm. S. Reveno (Wayne): I have a resolution here that I have been asked to present on behalf on the Wayne County delegation.

RESOLUTION

WHEREAS, It is the feeling among all those engaged in the practice of medicine that the establishment of a system of health insurance will never be successfully accomplished as long as agencies or persons not conforming to the same rules under which physicians are compelled to practice are permitted to ply their activities of manufacturing, selling and advertising of "patent medicines" and health foods, and of practicing cult medicine, and all the rest of the systems which lay claim to a share in medical practice, therefore, be it

RESOLVED, That the House of Delegates of the Michigan State Medical Society oppose the participation by the members of the Michigan State Medical Society in any scheme or plan of health insurance or social medicine, experimental or otherwise, until such a time as all non-medical agencies or persons engaged in some phase of the practice of medicine have been placed under such adequate control by the State or Federal government as to eliminate them as factors of danger to the public health. And be it further

RESOLVED, That every member of the Michigan State Medical Society be requested to sign a pledge which shall embody the above-mentioned principle.

Respectfully submitted,

WILLIAM S. REVENO,
Wayne County.

The Vice Speaker: This resolution will be referred to the Committee on Committee Reports.

Are there any other resolutions?

Dr. J. M. Robb (Wayne): Dr. Knoblock, and Dr. Hughes, the coroners of Wayne, have made a special investigation of the barbituric acid problem which we are having in the city of Detroit, and in

conference with Dr. Luce we thought this was probably a good time for the State Society to take into consideration the possibility of advising the American Medical Association of the fact that this thing should not become a household remedy. Therefore, we are presenting this resolution.

RESOLUTION

WHEREAS, The rapidly accumulating evidence that countless thousands are seeking relief of various symptoms by dangerous self-medication through highly advertised drugs that may be purchased without restriction over the counter;

AND WHEREAS, The medical profession is aware of dangers that accompany use of certain drugs, dangers not only to the physical condition as illustrated by agranulocytic angina, but the mental deterioration and personality changes that accompany the use of the drugs of the barbituric acid group and their combined forms; be it

RESOLVED, That the House of Delegates of the Michigan State Medical Society appoint a committee to co-operate with other agencies towards the enacting of a Michigan law to legally restrict the sale of the drugs of the barbituric acid group and their combined forms, Be it further

RESOLVED, That this action be transmitted through our delegates to the American Medical Association House of Delegates in order that similar action be made nationwide.

The Vice Speaker: This resolution as offered by Dr. Robb will be referred to the Committee on Miscellaneous Business.

The Speaker resumed the chair.

Dr. L. T. Henderson (Wayne): I would like to suggest that a committee draft a resolution for our Secretary, Dr. Warnshuis, a suitable recommendation.

The Speaker: Would you suggest that the Chair appoint a committee?

Dr. Henderson: I would.

The motion was regularly supported.

The Speaker: Motion has been made and seconded that the Chair appoint a committee to draft suitable recommendations for Dr. Warnshuis.

Is there any discussion? Those in favor say "aye"; those opposed. Carried.

The Chair will appoint as that committee: Dr. Biddle of Wayne, Dr. Wessinger of Washtenaw, and Dr. Moll of Genesee. That is a resolution that may be presented later in the session.

Is there any new business?

Dr. L. J. Hirschman (Wayne): Mr. Speaker, I would like to present at this time some minor amendments to the By-Laws.

As we know, the arduous duties of the secretaryship of this Society have been so numerous the present incumbent has been forced to go to a warmer and more suitable and salubrious climate to regain his health. So, in the future I want to have the By-Laws amended in such a way that the door will be open for the employment, at some time, of a full-time incumbent of this office.

Therefore, I wish to offer the following amendments. Under Chapter 4, Section 4, Duties of Officers, it now reads as follows: "The Secretary shall be the custodian of all the records of the Society," and so forth. In Line 1 of that Section, following the word "Secretary," I should like to add the words "not necessarily a physician and member of the Michigan State Medical Society." It will then read as follows: "Section 4. The Secretary, not necessarily a physician and member of the Michigan State Medical Society, shall be the custodian of all the records of the Society," and so forth.

Chapter 4, Duties of Officers, Section 4, and Paragraph 4, reads as follows: "He shall act as one of the delegates of the Society to the American Medical Association." I move to amend this Section by striking out that entire sentence. Our present incumbent of the secretaryship has been called upon to act in a most satisfactory and efficient manner year after year in the House of Delegates of the American Medical Association, and has not been

able to act as delegate. Consequently, for years we have had to appoint an alternate to act in his place. That has been done to the satisfaction of the Society, I believe. However, if at some future time a lay secretary were to be employed, he would, of course, be ineligible.

Therefore, I move that Paragraph 4 under Section 4 be stricken out and the duties of the Secretary be renumbered, so that No. 5 shall be No. 4, No. 6 shall be No. 5, and so on down the line.

That will automatically lay over until this afternoon.

The Speaker: Is there any other new business?

The Vice Speaker took the chair.

Dr. Henry A. Luce (Wayne): Under new business I would like to make as a motion, inasmuch as this power is delegated to the House of Delegates of the Michigan State Medical Society, that Dr. F. C. Warnshuis be made a life member of the Michigan State Medical Society. (Applause.)

The motion was supported by several.

The Vice Speaker: You have heard the motion as supported. All those in favor say "aye"; contrary, "no." So carried.

The Speaker resumed the chair.

The Speaker: We will now take up No. 13, unfinished business, amendments to the Constitution.

The Secretary: Mr. Speaker, there were presented at the last session of the House of Delegates certain amendments to the Constitution. These, under the rules, laid over until this session. They have been printed in the minutes of THE JOURNAL and are now before you for your consideration and adoption or action. They are as follows:

"Section 1. This Society shall consist of active members, honorary members, associate members, retired members and members emeriti. Members shall be members of component County Societies who have been certified to the Secretary of this Society and whose local and states dues have been paid."

"Section 6. (New Section) Members Emeritus. Any physician who has been in practice for fifty years, and who has maintained a membership in good standing for twenty-five years, may, upon application and recommendation of his county society, become a member emeritus. A member emeritus shall be relieved from paying state dues. He shall be entitled to all the benefits and privileges of membership."

"Article XIV. House of Delegates. Section 1. The House of Delegates shall be the legislative body of the Society and shall consist of delegates elected by component county societies."

"Section 5. The House of Delegates shall at the regular annual session elect a President-elect, a Speaker and Vice Speaker of the House of Delegates, members of the Council, delegates and alternate delegates to the American Medical Association, and such other officers as may be created by the House of Delegates unless otherwise specified in the Constitution and By-laws."

"Article VII. Meetings. Section 1. The Society shall hold an annual meeting at such time and place and have such duration as the House of Delegates and the Council may determine. This power may be delegated to the Council."

"Any county society desiring the annual meeting shall file an application with the Council sixty days prior to an annual session."

"Section 2. Special meetings of the Society shall be called for a general session on the petition of the Council or by a petition signed by 250 members, or upon a petition of two-thirds of the delegates registered at the previous regular session. The call for regular and special sessions shall be issued by the President and Secretary, complying with these provisions, not later than ten days after receiving the petition, and shall go forth not later than thirty days before the proposed date of holding a regular or special session."

"Section 3. Special meetings of the House of Delegates shall be called by the Speaker on the petition signed by two-thirds of the delegates who served at the last regular session of the House of Delegates."

Mr. Speaker, these amendments were created by the House of Delegates' Committee on Amendments to the Constitution and By-laws, and supplant and clarify present sections for which these are substituted.

They are now before the House for adoption, if the House is so disposed.

Dr. F. T. Andrews (Kalamazoo): I move that the amendments be adopted as read.

Dr. Wm. J. Stapleton, Jr. (Wayne): I second the motion.

The Speaker: Is there any discussion? Those in favor say "aye"; opposed, "no." Carried.

We recess at this point until two-thirty, and that means two-thirty and not two thirty-one.

The meeting recessed at twelve thirty-five p. m.

HOUSE OF DELEGATES

Tuesday Afternoon, September 11, 1934

The recessed meeting reconvened at two-thirty and was called to order by the Speaker.

The following delegates and alternates were present:

Alpena—F. J. O'Donnell.
Barry—M. R. Kinde.
Bay-Arenac-Iosco—L. F. Foster.
Berrien—W. C. Ellet.
Calhoun—C. S. Gorsline, A. T. Hafford.
Cass—W. C. McCutcheon.
Clinton—D. W. Hart.
Genesee—George Curry, Carl Moll.
Grand Traverse-Leelanau—E. F. Sladek.
Gratiot-Isabella-Clare—T. J. Carney.
Huron-Sanilac—David D. McNaughton.
Ingham—L. G. Christian, Karl Brucker.
Kalamazoo-Allegan-Van Buren—F. T. Andrews, C. Ten Houten.
Kent—A. V. Wenger, H. J. Pyle, R. H. Denham, C. F. Snapp.
Lapeer—H. M. Best.
Lenawee—O. Whitney.
Luce—H. E. Perry.
Manistee—A. A. McKay.
Mason—L. W. Switzer.
Monroe—P. D. Amadon.
Otsego-Montmorency-Crawford-Oscoda-Roscommon-Ogemaw—C. R. Keyport.
Ontonagon—H. B. Hogue.
Ottawa—A. E. Stickley.
Saginaw—G. H. Ferguson, F. J. Cady.
Shiawassee—I. W. Greene.
Wexford—W. J. Smith.
Washtenaw—John Wessinger, Dean Myers.
Wayne—A. W. Blain, R. H. Pino, H. W. Yates, R. M. McKean, L. J. Hirschman, J. L. Chester, L. J. Garipey, A. P. Biddle, S. W. Insley, L. O. Geib, E. D. Spalding, L. T. Henderson, C. K. Hasley, Wm. J. Stapleton, Jr., Wm. S. Reveno, Roger V. Walker, H. W. Pierce.

The Speaker: The House will please come to order.

Dr. Henderson, have you a report?

Dr. L. T. Henderson (Wayne): Mr. Speaker, we have at the afternoon session seventy-two qualified delegates.

Dr. C. S. Gorsline (Calhoun): I move that the report of the Credentials Committee be made the roll call for the second session.

Dr. John Wessinger (Washtenaw): I support the motion.

The Speaker: You have heard the motion and the second. All those in favor say "aye"; those opposed, "no." It is carried.

The first order of business is the reports of reference committees. Committee on Council Reports, of which *Dr. Karl Brucker* is Chairman. Are you ready with the report of your committee?

Dr. Karl Brucker (Ingham): Mr. Speaker, the committee on the annual report of the Council met this noon and carefully considered the Council report. I wish to say that we feel like complimenting the Council upon making practically a fool-proof and non-controversial report. We tried very hard to find some things to get mad about, but either there wasn't anything to get mad about or the Council was too clever.

The membership, of course, and the finances of the Society are in much better shape than they were a year ago.

The attitude of the Council in leaving the question of medical economics to the House of Delegates, which is the legislative body of the Society, we certainly approve.

The committee approves very highly of the section in the report on legislation, complimenting the Legislative Committee on the immense amount of work which they have already done.

Of course, the postgraduate work which the Council has been doing considerable work upon meets with the committee's heartfelt approval, and also their attitude toward the FERA problem.

I think one of the main things in this report that requires a change of any kind is the picking of the annual meeting. The Council has recommended that the determination of the place for holding the annual meeting be vested in the Council for different reasons: because they are perfectly familiar with all the problems of expense involved and things of that sort, and are better able to investigate the ability of certain places to entertain a convention than this House of Delegates as a whole. So the recommendation of the Council that the determination of the place of the annual meeting be placed in the hands of the Council meets with the approval of the committee.

That is about all. There are some other things that require no decision at all, and that is our report. I move the adoption of this report.

Dr. J. L. Chester (Wayne): I support it.

The Speaker: The adoption of this carries with it the recommendations of the committee. Those in favor say "aye"; opposed, "no." Carried.

Has the Committee on Council Reports any further report?

Dr. Karl Brucker (Ingham): No further report.

The Speaker: The Committee on Society Business, *Dr. George Curry*.

Dr. George Curry (Genesee): Mr. Speaker and Members of the House of Delegates: Your Committee on Society Affairs met this noon at the hotel.

While the committee is able to read between the lines, we feel unable to read between the pages because one or more pages we think were accidentally omitted from this report. But we have no hesitancy in going on record as accepting the report in its entirety and complimenting the delegates to the A. M. A. for what is evidently a very complete report of the proceedings of the national organization at the Cleveland session.

I move the adoption of this portion of the report.

Dr. John Wessinger (Washtenaw): I support it.

The Speaker: Those in favor say "aye"; opposed say "no." It is carried.

Dr. George Curry (Genesee): The contents of the address of our President, *Dr. Le Fevre*, to the House of Delegates are hereby accepted and heartily endorsed by this committee.

I move the adoption of this portion of the report.

Dr. F. T. Andrews (Kalamazoo): I support the motion.

The Speaker: Is there any discussion? Those in favor say "aye"; those opposed say "no." It is carried.

Dr. Curry: We agree with what the late President Woodrow Wilson said January 29, 1916, as enunciated by the Speaker of the House: "One cool judgment is worth a thousand hasty councils." In addition, we endorse the contents of his address to the House of Delegates, even including what William Jennings Bryan might have well said, "You shall not crucify the practice of medicine on the cross of socialism. You shall not press down on the brown of Æsculapius a crown of regimentation thorns."

I move the adoption of this portion of the report.

Dr. James O'Meara (Jackson): I support the motion.

The Vice Speaker took the chair.

The Vice Speaker: You have heard the motion as seconded. All those in favor say "aye"; contrary, "no." So carried.

Dr. George Curry (Genesee): I move the adoption of the report as a whole.

Dr. Carl Moll (Genesee): I second the motion. The Speaker resumed the chair.

The Speaker: Is there any discussion? Those in favor say "aye"; opposed, "no." It is carried.

Committee on Miscellaneous Business. *Dr. Insley*.

Dr. S. W. Insley (Wayne): The Committee on Miscellaneous Business had three resolutions to consider. The first one was offered by *Dr. Robb* relative to the control and sale of the barbituric acid group of drugs. There is no point to reading the resolution.

The committee recommends its adoption, and I so move the adoption of this resolution.

Dr. F. T. Andrews (Kalamazoo): I second the motion.

The Speaker: Is there any discussion? Those in favor say "aye"; those opposed say "no." That portion is adopted.

Dr. Insley: The second matter coming to our attention was relative to an amendment to the By-laws regarding the reinstatement of members and as to their privileges to protection and the like. I don't know that we need to reread the resolution, unless somebody asks for it. The committee has recommended its adoption, and I so move this adoption.

Dr. Karl Brucker (Ingham): I support the motion.

The Speaker: Is there any discussion? Those in favor say "aye"; those opposed say "no." It is carried.

Dr. S. W. Insley: I now move the adoption of the amendments.

Dr. C. F. Snapp (Kent): I support it.

The Speaker: Is there any discussion? Those in favor say "aye"; those opposed say "no." It is carried.

Dr. Insley: The next resolution concerned a change in the By-laws regarding the fixing of the terms of the Councilors and the reading of the Councilor Districts of the counties involved in each district. The committee recommends the adoption of this resolution, and I so move the adoption of the resolution.

Dr. Karl Brucker (Ingham): I support the motion.

The Speaker: Is there any discussion? Those in favor say "aye"; those opposed say "no." It is carried.

Dr. Insley: The following resolution was presented by *Dr. Gorsline*, of Calhoun, relative to the employment of lay help, technicians and the like, and was subject to a little bit of discussion. After consultation with *Dr. Gorsline* and in talking it over again with the committee a slight modification was inserted in his wording of the resolution as a whole. I will read the first portion:

RESOLUTION

RESOLVED, That this House of Delegates of the Michigan State Medical Society does hereby record its opposition to any and all procedures whereby lay technicians or other agents of any hospital or other organization, except under direct professional direction, are employed to render services that are essentially professional and require the exercise of judgment, which judgment can only be acquired by regular medical training—and so forth.

The committee inserted in here, with *Dr. Gorsline's* approval, the one phrase as follows, "except under direct professional direction." I think that solves any question as to ambiguity of terms.

The committee as a whole recommends its adoption as just read. I so move its adoption.

Dr. Dean Myers (Washtenaw): I support the motion.

The Speaker: Is there any discussion? It is moved and supported that this portion of the report of the committee and recommendations be adopted. Those in favor say "aye"; those opposed say "no." It is carried.

Dr. Insley: I move the adoption of the report as a whole.

Dr. C. S. Gorsline (Calhoun): I support the motion.

The Speaker: Is there any discussion? Those in favor say "aye"; those opposed say "no." It is carried. You have adopted the recommendations of the committee. That concludes the work of the Committee on Miscellaneous Business.

The Committee on Reports of Committees, *Dr. L. F. Foster*, Chairman.

Dr. L. F. Foster (Bay): Mr. Speaker and Members of the House of Delegates: I have the report of the Committee on Reports of Committees.

The first is the report of the Radio Committee as published in the program. The committee recommends the adoption of this report and recommends that the activity be continued and the scope enlarged. I move its adoption.

Dr. L. J. Gariepy (Wayne): I support the motion.

The Speaker: Is there any discussion? Those in favor say "aye"; those opposed say "no." That portion of the report is carried.

Dr. Foster: Next is the report of the Woman's Auxiliary. I move the report be received and placed on file as presented in the program.

Dr. W. C. Ellet (Berrien): I support the motion.

The Speaker: It is moved and supported that the report be received and placed on file. Is there any discussion? Those in favor say "aye"; those opposed say "no." It is carried.

Dr. Foster: Report of the Committee on Preventive Medicine. Your committee recommends the acceptance of this report as made, and recommends that the activity be continued along the lines of its educational phase, and I so move.

Dr. Wm. J. Cassidy (Wayne): I support the motion.

The Speaker: Is there any discussion? Those in favor say "aye"; those opposed say "no." It is carried.

Dr. Foster: With reference to the report of the Cancer Committee, we recommend the acceptance of this report and particularly stress the recommendation that the newspaper articles be as impersonal as possible in order to avoid discrimination, and I so move.

Dr. Karl Brucker (Ingham): I support the motion.

The Speaker: Is there any discussion? Those in favor say "aye"; those opposed say "no." It is carried.

Dr. Foster: Committee on Therapeutics. Your committee recommends the adoption of the report, with the further recommendation that the members of the State Society avoid the use of drugs under trade names which tend particularly to exploit the public. I so move.

Dr. Roy H. Holmes (Muskegon): I support the motion.

The Speaker: Those in favor say "aye"; those opposed say "no." It is carried.

Dr. Foster: The legislative report. We recommend the acceptance of this report and all its recommendations. I so move.

Dr. J. L. Chester (Wayne): I support the motion.

The Speaker: Is there any discussion? Those in favor say "aye"; those opposed say "no." It is carried.

Dr. Foster: With reference to the resolution presented by Dr. Snapp, of Kent, which has to do with the Afflicted Children's Act, we recommend its adoption in its entirety. I so move.

Dr. H. J. Pyle (Kent): I support the motion.

The Speaker: Is there any discussion on this? Those in favor say "aye"; those opposed say "no." It is carried.

Dr. Foster: In the absence of any report from the Committee on Maternal Welfare, we have no recommendation.

There are, however, two more recommendations which we feel are contingent upon the subject which is a special order of business, and we have no recommendation to make at this time on those two resolutions.

The Speaker: You will be called on during the executive session for that portion of the report.

Dr. Foster: I move the adoption of the report as a whole.

Dr. S. W. Insley (Wayne): I support the motion.

The Speaker: Is there any discussion? Those in favor say "aye"; those opposed say "no." It is carried.

That finishes the reports of the regular standing committees of the House of Delegates.

Unfinished business. Has any member of the House of Delegates any unfinished business at this time?

The Speaker: Is there any further unfinished business?

Resolutions and new business. At this point, the Speaker will vouchsafe the information that this is your last opportunity to introduce resolutions except by unanimous consent of the House, or having been introduced by the Council, under which circumstances they might be introduced this evening.

Dr. Phillip Riley (Jackson): The Legislative Committee is very much interested in getting all the doctors in the State Society to work as one large Legislative Committee, and we think the time of the state meeting is wrong. We think it should be later in the year so that these delegates could be enthusiastic on election matters.

We are holding our House of Delegates meeting on election day, and I would safely bet that only one out of ten here have voted, which isn't a very good thing. We would like to recommend that the time of the meeting be moved ahead.

The Speaker: Your recommendation will be referred to the Council.

Are there any further resolutions, recommendations, or new business?

Dr. E. D. Spalding (Wayne): The State Society has been served for twenty-two years by a young man who has gone west, or is about to go west, and it behooves the society to take some look to the future as to the replacement of his valuable services in some way, and the resolution I am about to offer is with that end in view.

RESOLUTION

RESOLVED, That the office of Secretary of the Michigan State Medical Society be filled by a physician in an advisory capacity without remuneration; be it further

RESOLVED, That the Michigan State Medical Society employ a full-time lay executive secretary who has a background of medical organization work, journalistic experience, and legislative contacts; and be it further

RESOLVED, That the executive headquarters of the Michigan State Medical Society be moved to the capital of Michigan, and that appropriate offices and personnel be established in that city."

I move the adoption of the resolution.

The Speaker: The resolution will be referred to the Committee on Society Affairs.

Dr. B. T. Montgomery read a letter from the secretary of the Chippewa-Mackinac County Medical Society to the House of Delegates requesting that Dr. E. A. Cornell be made an honorary member of the society.

The Speaker: Is he at present an honorary member of his own society?

Dr. Montgomery: Yes, he is.

The Speaker: It is up to the House then.

Dr. C. K. Hasley (Wayne): I support that.

The Secretary: I think he is not an honorary member. He is a member emeritus. The amendments you adopted this morning make a distinction.

"Member emeritus. A physician who has been in practice for fifty years and has maintained a membership in good standing for twenty-five years may, upon application, become a member emeritus."

The Constitution also prescribes who honorary members shall be.

"Honorary members. The House of Delegates on recommendation of a county society may elect as an honorary member any persons distinguished for their services or attainments as doctors of medicine, or in the field of public health, or research, or other scientific work contributing to medicine. Honorary members shall not pay dues and shall not have the right to vote or hold office."

Dr. J. M. Robb (Wayne): Might I ask the Secretary if that applies also to members emeritus. Are they exempt from dues?

The Secretary: Yes. "Members emeritus. They shall be entitled to all the benefits and privileges of membership and shall be relieved from paying state dues."

The Speaker: The Speaker will announce that the doctor's name mentioned, Eliphalet A. Cornell, is duly qualified as an honorary member. Was there a motion made?

Dr. B. T. Montgomery (Chippewa): I made the motion.

The Speaker: Is there any discussion? Those in favor say "aye"; those opposed say "no." It is carried.

Dr. I. W. Greene (Shiawassee): The Shiawassee County Society would like to present the name of Dr. W. E. Ward for honorary membership. He has been secretary of our county society for twenty years, the longest of any secretary in the state. He has been health officer for a great many years. This is his fifty-first year of practice. He is still in active practice, and is health officer in the city of Owosso. He has probably done more than any one man to hold our county society together through troublous years. We would like very much to see him elected an honorary member of the State Society.

Dr. C. S. Gorsline (Calhoun): I support the motion.

The Speaker: Is there any discussion?

Dr. Wm. S. Reveno (Wayne): I wonder if Dr. Greene would prefer to recommend the election of Dr. Ward as a member emeritus rather than for honorary membership. His being in practice for fifty-one years perhaps qualifies him for that position rather than for honorary membership. At the same time, a man engaged in the practice of medicine and medical activities in general would perhaps like to continue his membership activities in the Society.

Dr. I. W. Greene (Shiawassee): I would like to ask Dr. Warnshuis which, in his opinion, would be the more suitable way of honoring Dr. Ward. He has come in contact with Dr. Ward for a great many years.

The Secretary: As Dr. Greene has said, Dr. Ward has been one of our most faithful county secretaries for a period of over twenty years, and he has done considerable for organized medicine and scientific medicine in Shiawassee County. He is a splendid man and a splendid fellow.

I feel that in the classification of membership there stands first honorary membership, then membership emeritus, and you could give to Dr. Ward the greatest tribute by making him an honorary member.

Dr. E. D. Spaulding (Wayne): I wish to inquire of Dr. Greene if he wishes to disfranchise his secretary. One of these things carries the right not to pay dues. The other carries the right not to vote.

Dr. I. W. Greene (Shiawassee): I think I would like to see him elected honorary member rather than member emeritus.

The Secretary: The member emeritus shall be relieved of paying state dues. He will be entitled to all the benefits and privileges of membership, whereas the honorary member shall not pay dues and shall not have the right to vote or hold office.

Dr. Greene: That being the case, that he has not the right to hold office, I would prefer he be made a member emeritus.

The Speaker: It has been moved that he be made a member emeritus.

Dr. Roy H. Holmes (Muskegon): I support the motion.

The Speaker: Is there any further discussion? Those in favor say "aye"; those opposed say "no." It is carried.

Are there any further resolutions, or new business?

Dr. H. M. Best (Lapeer): I have a request here from the Lapeer County Medical Society. I would like to have the Secretary read this for me.

The Secretary read a letter from the President and Secretary of the Lapeer County Medical Society to the House of Delegates requesting that Dr. F. A. Tinker be given a life membership.

Dr. Philip Riley (Jackson): I move that the doctor be made a member emeritus.

Dr. L. G. Christian (Ingham): I support the motion.

The Speaker: It is moved and supported that Dr. Tinker, from Lapeer county, be made a member emeritus in the Michigan State Medical Society.

Is there any discussion? Those in favor say "aye"; those opposed say "no." It is carried.

Is there any other new business, or resolutions?

That completes, according to the schedule, the second session. At the morning session you voted to make a special order of business at four o'clock this afternoon of the report of the Committee on Economics. Do you wish to recess until four o'clock, or do you wish to proceed?

Dr. Pyle: Mr. Speaker, I move that the motion made at this morning's session, that we meet at four o'clock this afternoon to consider the report of the Committee on Economics, be rescinded.

Dr. A. E. Stickley (Ottawa): I support the motion.

The Speaker: It is moved that the action taken at this morning's session to consider the four o'clock order be rescinded.

Is there any discussion? Those in favor say "aye"; those opposed say "no." It is carried.

Dr. L. J. Hirschman (Wayne): I move that we recess for five minutes.

Dr. John Wessinger (Washtenaw): I support the motion.

The Speaker: Moved and supported that we re-

cess for five minutes. Those in favor say "aye"; those opposed say "no." It is carried.

The meeting recessed for five minutes.

The Speaker: Gentlemen, you rescinded the motion of this morning. A motion to go into executive session is now in order.

Dr. Wessinger: I so move.

Dr. Wm. J. Cassidy (Wayne): I support the motion.

The Speaker: Is there any discussion? Those in favor say "aye;" those opposed say "no." It is carried that we go into executive session.

Inasmuch as we are starting all over, the Speaker will rule, if he hears no objection, with reference to the presence of those in the assembly room who are not members of the House of Delegates, if you wish a certain member to remain the Speaker will entertain a motion. Do I hear any objection to that ruling?

(By individual vote a number of members of the Society and Dr. Sinai were invited to attend the Executive Session.)

Dr. Andrews, of Kalamazoo, and Dr. Ellet, of Berrien, perform your duties.

The House is now constituted in executive session. The first order of business is the supplemental report of the Committee on Reports of Committees. *Dr. Foster.*

Dr. L. F. Foster (Bay): Mr. Speaker and Members of the House of Delegates: With reference to the report of the Committee on Medical Economics, your committee has reached no conclusions in reference to the reports of the economic committee because of its stupendous nature, but it is the consensus of opinion of this committee that the second suggestion as presented by the economics committee be considered as the possible solution, with the addition of the words as follows: "The House of Delegates may postpone action on health insurance, continue the Committee on Medical Economics, and hold itself ready for a special call if and when national or state programs of health insurance appear imminent to this House of Delegates."

This committee discourages the further expenditure of funds for that work, excepting the regular funds of the Michigan State Medical Society if and when they may be made available by this House of Delegates.

I move the adoption of that report.

Dr. L. G. Christian (Ingham): I support the motion.

The Speaker: Is there any discussion?

Dr. Wm. J. Cassidy (Wayne): It seems to me we should have some kind of policy that would be rather elastic to fit the changing trends of the times. If you wait until the house falls on top of you or until the fire starts, you are going to be too late. That has been the policy of your national association, our state and county societies. We have always waited until the cards tumbled about our heads, and then rush pellmell without any organization to try to bring things to the profession, and as a rule we end up by getting nothing. It seems to me we ought to have some kind of an elastic plan and not bind the profession to a hard and fast, narrow-gauge track, but it should be of sufficient elasticity that it can take care of the man who is practicing in the urban district and the man who is practicing in the larger metropolitan areas of the state. They are two entirely different problems.

In the northern part of the state, about eighty per cent of the population is now on the welfare rolls. Taxes are insufficient to support them. Consequently, the metropolitan areas, such as Detroit, Battle Creek, and Flint, must of necessity pour enough money into the coffers of the state to support the barren areas in the northern part of the

state which will never produce enough money to pay the doctor. Consequently those men practicing in that part of the state are going to be a little enthusiastic toward state medicine.

You have to have an elastic thing so you can take care of these men, and not commit the Society to a definite, set policy that cannot be changed as the changing trend of the times warrant.

This economic situation is going to be over in a short period of time. It isn't going to last forever. We have been through them before. When we come down to actualities, I don't think we are going to change the status in the next one hundred years very much. The law of general economics or the law of averages usually levels it.

If the industrialists talk socialized medicine, let the medical profession talk socialized industry. It is easy to fight fire with fire. We can get up and hoot from the opposite side of the fence. If they want to socialize the doctors, let us socialize the industrialists. It is a poor rule that won't work both ways. I think a great deal of this talk of the socialization of the medical profession from the other side of the fence will cease if you start nibbling a little at their general welfare and their general control of things as they are at the present time, in wanting to regiment everything to bureaucratic control from the national government down.

Why try to apply European conditions to the United States? It can't be done. We don't need them. We are self contained. We use ninety per cent of the products we manufacture, and what good is that little ten per cent? Let us stay home and attend to our own business and let Europe alone in regard to all their socialization and in regard to their business, and we can live and get along a darned sight better.

The Speaker: Is there any further discussion? The question was called for.

Dr. W. C. Ellet (Berrien): Mr. Speaker, will you repeat that motion, please?

The Speaker: Read the recommendation of your committee, of which you moved the adoption, and the adoption of which becomes an action.

Dr. L. F. Foster (Bay): The recommendation relative to this is the recommendation of suggestion No. 2, as put forth this morning by your Economics Committee, with the words added at the bottom: "The House of Delegates may postpone action on health insurance, continue the Committee on Medical Economics, and hold itself ready for a special call if and when national or state programs of health insurance appear imminent to this House of Delegates."

Then there were the recommendations of the committee beyond that to this effect: This committee discourages the further expenditure of funds in this work, excepting the regular funds of the Michigan State Medical Society if and when they may be made available by this House of Delegates.

Dr. Wm. S. Reveno (Wayne): Just to correct one word in the proposed resolution. I think the word "may" in the very first sentence—"The House of Delegates may postpone action"—should have substituted for it the word "shall."

The Speaker: You are making that as an amendment, or will you accept that?

Dr. Wm. S. Reveno (Wayne): This is a recommendation from the Committee on Economics.

The Speaker: Then you would recommend the substitution of the word "shall" for the word "may" in the recommendation made by this committee.

Dr. L. O. Geib (Wayne): I support the amendment.

The Speaker: The amendment is the substitution of the word "shall" for the word "may," in the sentence which Dr. Foster will read you. Will you

read that as it would be if amended? Read that part and call attention to the substitution.

Dr. L. F. Foster (Bay): "The House of Delegates shall postpone action on health insurance, continue the Committee on Medical Economics, and hold itself ready for a special call if and when national or state programs of health insurance appear imminent to this House of Delegates."

The Speaker: You are changing the first word "may" to "shall." You are voting on that part, and that part alone.

Dr. E. D. Spalding (Wayne): Point of information. At this point is the second part of the suggestion of the committee incorporated in the motion we are now voting on?

The Speaker: You are voting on that as an amendment and the substitution of the word "shall" for "may."

Dr. E. D. Spalding (Wayne): The printed thing here marked "Second" is part of the recommendation of the committee, and then there is a second sentence. Is the second sentence, the suggestion of the committee, also part of the motion we are now voting on?

The Speaker: You are not voting on that part at the present time. You are only voting on the insertion of the word "shall" in place of "may." That is all you are voting on right now.

The question was called for.

The Speaker: Those in favor of the substitution of the word "shall" for the word "may" say "aye"; those opposed say "no." It is carried.

Is there any further discussion on the main motion? Are you ready for the question?

Dr. Spalding: Mr. Speaker, is the second sentence, which has the recommendation of this committee concerning funds, part of this motion as now before the House?

The Speaker: The Chair would so interpret it.

Is there any further discussion?

The question was called for.

Dr. R. H. Pino (Wayne): Does this matter of "shall" or "may" apply also to the use of funds other than those of the State Society? It is "shall" there, is it?

Dr. L. F. Foster (Bay): It is "may"—"If and when they may be made available by the House of Delegates." The use of "may" there is in a different sense.

Dr. R. H. Pino (Wayne): They may use other funds?

Dr. Foster: No.

Dr. Wm. J. Cassidy (Wayne): Is this left to the House of Delegates to decide when they meet?

The Speaker: The House can only meet as prescribed by the Constitution.

The Secretary: According to the By-law, upon a petition either by the Council or by a petition of a certain number of the House of Delegates.

Dr. Cassidy: Will you read the section in regard to that?

Dr. Foster: We didn't attempt to prescribe how the House of Delegates shall be called. That is prescribed in the By-laws. We have nothing to do with that.

The question was called for.

The Speaker: Those in favor say "aye"; those opposed say "no." It is carried. (Applause.)

Dr. Foster: Mr. Speaker, we have before us two other resolutions, one from Berrien County and one from Wayne County. Your committee finds that these resolutions are contingent upon the disposition of the Mutual Health Plan. The committee recognizes the virtue of both resolutions, but feels that a recommendation is not necessary after the disposition of the Mutual Health Plan.

I move the adoption of the committee's report as a whole.

Dr. Wm. J. Cassidy (Wayne): I support the motion.

The motion was supported by several others.

The Speaker: Is there any discussion? Those in favor say "aye"; those opposed say "no." It is carried.

Now you may table the resolution introduced by Dr. Ellet of Berrien.

Dr. Phillip Riley (Jackson): I move that the resolution introduced by Dr. Ellet of Berrien be rejected.

The Speaker: Do you wish to say "rejected" or "laid on the table"?

Dr. James O'Meara (Jackson): I support the motion.

Dr. Riley: "Rejected."

The Speaker: Is there any discussion? Those in favor say "aye"; those opposed say "no." The Chair is in doubt.

The Chair calls for a standing vote. Those in favor of rejecting the resolution introduced by Dr. Ellet stand and remain standing until the Secretary has counted you. For your own information, I will ask the Secretary to give a brief outline of what that is.

The Secretary: The resolution introduced by Dr. Ellet of Berrien County protests against the action of this House of Delegates approving any plan of Mutual Health Service and Health Insurance, state medicine, and so forth.

Dr. Karl Brucker (Ingham): It seems to me that savors a little bit of discourtesy to the Berrien County Medical Society to use the word "reject." I don't like it. That is the reason I am going to vote against it, and then we will have a motion undoubtedly to lay it on the table, which looks better to me.

Dr. J. L. Chester (Wayne): Can't we move that it be tabled rather than rejected?

The Speaker: A motion to table is always in order.

Dr. Chester: I move that the resolution be tabled.

Dr. L. J. Garipey (Wayne): I support the motion.

The Speaker: That motion is non-debatable. Motion is made to table Dr. Ellet's resolution. Those in favor say "aye"; those opposed say "no." It is carried.

The Reveno resolution. Some action must be taken on that resolution. I will ask the Secretary to state the essence of the other resolution.

The Secretary:

"RESOLVED, That the House of Delegates of the Michigan State Medical Society oppose the participation by the members of the Michigan State Medical Society in any scheme or plan of health insurance or social medicine, experimental or otherwise, until such a time as all non-medical agencies or persons engaged in some phase of the practice of medicine have been placed under such adequate control by the state or federal government as to eliminate them as factors of danger to the public health; and be it further

"RESOLVED, That every member of the Michigan State Medical Society be requested to sign a pledge which shall embody the above mentioned principle."

Dr. W. C. Ellet (Berrien): I move that this resolution be tabled.

Dr. Vivian Vandeventer (Marquette): I support the motion.

Dr. Roger V. Walker (Wayne): I don't think many of the members here realize—

The Speaker: A motion to table a resolution is not debatable.

Those in favor of tabling the resolution say "aye"; those opposed say "no."

The Chair is again in doubt. Standing vote. A standing vote to table this resolution will now be

taken. Those voting in favor of tabling this resolution will stand and remain standing until such time as the Secretary has completed the count. (Forty-five.)

Be seated. Those opposed to tabling the resolution stand. (Fourteen.)

The motion is carried and the resolution is tabled by a vote of forty-five to fourteen.

Is there any further business to come before this executive session? If there is no further business to come before this executive session, the Speaker will entertain a motion to rise from executive session.

Dr. L. J. Hirschman (Wayne): I move we rise from executive session.

Dr. C. S. Gorsline (Calhoun): I support the motion.

The Speaker: Those in favor say "aye"; those opposed say "no." It is carried.

You have now arisen from executive session and are in regular session.

Having completed the business of the second session, again the Chair will ask if there is any other unfinished business.

Dr. Wm. S. Reveno (Wayne): I would like to introduce a resolution on the part of the Wayne delegation. I would like to recommend the election of Walter Cree of Detroit, Wayne County, as a member emeritus of the State Society.

Dr. E. D. Spalding (Wayne): I second the motion.

Dr. H. W. Yates (Wayne): I second the motion.

The Speaker: Under unfinished business, the name of Walter Cree is recommended for membership emeritus by the House of Delegates.

Those in favor say "aye"; those opposed say "no." It is carried.

Dr. W. C. Ellet (Berrien): To show that Berrien County doesn't feel bad, we brought in a nice basket of peaches for those who didn't get any.

The Speaker: The peaches are also tabled.

Is there any further unfinished business? If there is no further unfinished business, the Chair will entertain a motion to recess until seven-thirty this evening.

Dr. A. D. Sharp (Calhoun): I move we recess until seven-thirty this evening.

The motion was regularly supported.

The Speaker: The motion is to recess until seven-thirty this evening.

Those in favor say "aye"; those opposed say "no." The House is recessed to meet promptly at seven-thirty.

The meeting recessed at four-ten o'clock.

HOUSE OF DELEGATES

Tuesday Evening, September 11, 1934

The recessed meeting reconvened at seven thirty-five and was called to order by the Speaker.

The following delegates and alternates were present:

Alpena—F. J. O'Donnell
 Barry—M. R. Kinde
 Bay-Arenac-Iosco—L. F. Foster
 Berrien—W. C. Ellet
 Calhoun—C. S. Gorsline, A. T. Hafford
 Cass—W. C. McCutcheon
 Chippewa-Mackinac—B. T. Montgomery
 Eaton—A. G. Sheets
 Genesee—George Curry, Carl Moll, Frank Reeder
 Grand Traverse-Leelanau—E. F. Sladek
 Gratiot-Isabella-Clare—T. J. Carney
 Houghton—George M. Waldie
 Huron-Sanilac—David D. McNaughton
 Ingham—L. G. Christian, Karl Brucker
 Jackson—Phillip Riley
 Kalamazoo-Allegan-Van Buren—F. T. Andrews, C. Ten Houten, R. G. Cook.
 Kent—A. V. Wenger, H. J. Pyle, R. H. Denham, V. M. Moore, C. F. Snapp
 Lapeer—H. M. Best

Livingston—Harry G. Huntington
 Luce—H. E. Perry
 Manistee—A. A. McKay
 Marquette—Alger—Vivian Vandeventer
 Mason—L. W. Switzer
 Mecosta—G. H. Yeo
 Monroe—P. D. Amadon
 Muskegon—Roy H. Holmes
 Oakland—Robert Baker
 Otsego—Montmorency, Crawford—Oscoda—Roscommon—Ogemaw—C. R. Keyport
 Ontonagon—H. B. Hogue
 Ottawa—A. E. Stickley
 Saginaw—G. H. Ferguson, F. J. Cady
 Shiawassee—I. W. Greene
 Tuscola—O. G. Johnson
 Washtenaw—John Wessinger, Dean Myers
 Wayne—Wm. J. Cassidy, R. H. Pino, A. E. Catherwood,
 R. M. McKean, L. J. Hirschman, J. L. Chester, H. W.
 Plaggemeyer, W. R. Clinton, L. J. Garipey, S. A. Flaherty,
 A. P. Biddle, L. O. Geib, L. T. Henderson, C. K. Hasley,
 Wm. S. Reveno, Roger V. Walker.

The Speaker: We will now hear the final report of the Chairman of the Credentials Committee.

Dr. L. T. Henderson (Wayne): We have seventy-three delegates registered at this session as the final report of the Credentials Committee.

Dr. John Wessinger (Washtenaw): I move its adoption.

Dr. G. H. Yeo (Mecosta): I support the motion.

The Speaker: Moved and supported that the final report of the Credentials Committee be adopted. Is there any discussion? Those in favor say "aye"; those opposed say "no." It is carried.

Roll call.

The Secretary: Mr. Speaker, I hold in my hand 62 signed roll calls for this third session of the House of Delegates. I suggest that they constitute, inasmuch as there is a quorum, the roll call for this session.

The Speaker: If I hear no objections, the Chair will consider that as the official roll call of this session. Hearing no objections, that constitutes the roll call.

Reports of reference committees. Is there any further report from the Committee on Council Reports, Karl Brucker, Chairman?

Dr. Karl Brucker (Ingham): No report.

The Speaker: The Committee on Society Business, George Curry, Chairman.

Dr. George Curry (Genesee): Mr. Speaker and Members of the House of Delegates: The resolution that was presented this afternoon by the Wayne delegation:

"RESOLVED, That the office of Secretary of the Michigan State Medical Society be filled by a physician in an advisory capacity without remuneration; be it further

"RESOLVED, That the Michigan State Medical Society employ a full-time lay executive secretary who has a background of medical organization work, journalistic experience, and legislative contacts; be it further

"RESOLVED, That the executive headquarters of the Michigan State Medical Society be moved to the capital of Michigan and that appropriate offices and personnel be established in that city."

It was the opinion of our committee that a problem as weighty as this should be transferred to the Council of the Michigan State Medical Society for their consideration, and I so move, Mr. Speaker, that that be done.

Dr. A. E. Stickley (Ottawa): I support the motion.

The Speaker: Is there any discussion?

Dr. L. J. Garipey (Wayne): At the most, all we can do is put forth the recommendation to the Council. So I think we ought to make our recommendation to the Council as to what we want.

The Speaker: Do I understand that recommendation embodies that?

Dr. George Curry (Genesee): I will accept that.

The Speaker: Would you like to have him read that again?

Dr. Curry: We recommend that the information contained in this resolution be transferred to the Council for their consideration. It is not the province of the House of Delegates to pass upon this.

The Speaker: Is the recommendation of the committee perfectly clear to everyone? It has been moved and supported. Those in favor say "aye"; those opposed say "no." It is carried.

Committee on Society Business. Is there any further report?

Committee on Miscellaneous Business. Dr. Insley. Are there any further reports? (Nothing was referred to them.)

Committee on Reports of Committees. Dr. Foster. (Dr. Foster was absent.)

The next order of business is elections. There does not appear to be a complete attendance of the House of Delegates, so as a matter of information the Chair would like to know whether you wish to wait a few minutes longer, or do you wish to proceed to the election? Hearing no objection, the Chair will proceed.

ELECTIONS

Nominations for President-Elect are now in order.

Dr. C. F. Snapp (Kent): Mr. Speaker and Members of the House of Delegates: I should like to place in nomination for the office of President-Elect one of the members of our Society who is probably best known throughout the state of any member in the whole organization. He is not only well known because of the fact that he has been a tireless worker in the Society, one of the hardest workers among us for organized medicine and for all that organized medicine stands for, but he has also reached high scientific attainments in his special field. As I say, he is known throughout the state for his work in our State Society, but he is known nationally for his work in the scientific field.

There is no man perhaps who could fill this position any better than the man I want to nominate, and we feel that Wayne County should be recognized this year in the selection of a President. It gives me great pleasure to place in nomination the name of Dr. Grover C. Penberthy. (Applause.)

Dr. George Curry (Genesee): I should like to have the pleasure of seconding that nomination.

Dr. Phillip Riley (Jackson): I would like to second Dr. Penberthy's nomination.

Dr. I. W. Greene (Shiawassee): I also want to second that nomination.

Dr. Karl Brucker (Ingham): I would also like to second the nomination.

Dr. J. L. Chester (Wayne): What has been said of Dr. Penberthy is perfectly true. He is one of the very good men of the Society. He has been active, and most effectively, for the Society.

The Wayne delegation had a caucus this afternoon and decided on a man who has been active in the Society for the last thirty years. He was chairman of the Medico-Legal Committee, and is a lawyer as well as a doctor. He was president of the Wayne County Medical Society. He has always worked for the benefit of the Society as a whole. He is a man well known not only in Detroit but throughout the state. He has done a great deal of literary work and would be a great credit to the Society.

Therefore, it gives me great pleasure, on behalf of Wayne County, to place in nomination William J. Stapleton, Jr. (Applause.)

Dr. A. L. Callery (St. Clair): I second the nomination of Dr. Stapleton for President-Elect.

Dr. R. H. Denham (Kent): I move that nominations be closed.

Dr. W. C. Ellet (Berrien): I support that motion.

Dr. George Curry (Genesee): I support that motion.

The Speaker: Moved and supported that nominations be closed. Those in favor say "aye"; those opposed say "no." It is carried.

I will appoint the following as tellers: Drs. O'Meara, Carney and Andrews.

Ballots are being distributed. The candidates nominated are Drs. Penberthy and Stapleton.

Has everyone voted who is entitled to vote? If everyone has voted who is entitled to vote, the Chair declares the ballot closed.

The Secretary: Mr. Speaker, 62 delegates are entitled to vote. Forty-four ballots were cast for Dr. Penberthy, and 17 for Dr. Stapleton, making a total of 61 ballots.

The Speaker: Gentlemen, you have elected Dr. Penberthy as President-Elect. (Applause.)

I will call upon the special committee that was appointed this morning to draft a suitable statement by the House of Delegates relative to the retiring Secretary. The chairman of that committee is Dr. Biddle.

Dr. A. P. Biddle, reporting for the special committee, read a resolution.

RESOLUTION

September 11, 1934.

Frederick C. Warnshuis, M.D., D.Sc., Secretary of the Michigan State Medical Society since 1913 and Editor of THE JOURNAL of the Society for sixteen years, is to leave us to assume the position of Secretary-Treasurer to the California Medical Association. It is befitting, therefore, for us to place on record our deep appreciation of the work he has so disinterestedly done throughout the years under this secretaryship and editorship.

He brought to the position an energy and direct action which soon placed Michigan in the front rank of State Associations and THE JOURNAL among the best edited. His work among the County Societies was as untiring; his sincerity infused their members with his own determination to grapple with the problems which beset every Society.

As a member of the State Board of Registration in Medicine and its Secretary he was a strong factor in keeping the profession on a high plane and in his work with legislative committees he did much to place on the Statutes laws to safeguard the public and the profession or to defeat legislation inimical to these public interests.

In 1919 he was elected Speaker of the House of Delegates of the American Medical Association and has ever since served in that capacity. These years of experience as a presiding officer have reflected in a greater ability to serve his State Society and in no small degree to inaugurate and to execute its policies.

His service during the World War as Chief of the Surgical Service, Base Hospital No. 99, American Expeditionary Forces, and later its Commanding Officer, demonstrated his ability as a Surgeon and Executive, all of which added emphasis to his organizing genius.

We shall miss his strong personality, unflinching fairness and firmness in our deliberations of the ever recurring, perplexing problems which the profession is brought to face.

BE IT RESOLVED, therefore, that we, the Members of the House of Delegates in formal session, herewith record our appreciation of his services, our sincerity in the expression of a deep loss and our best wishes for success and happiness in his new field of endeavor.

BE IT RESOLVED, further, that a copy be transmitted

to the California Medical Association and one to the American Medical Association.

CARL F. MOLL

JOHN WESSINGER

ANDREW P. BIDDLE, *Chairman.*

Dr. H. J. Pyle (Kent): I move the adoption of this resolution.

Supported by several.

The Speaker: Those in favor say "aye"; again, "aye"; again, "aye."

The motion was carried unanimously, and the audience arose, applauded and cheered.

The Speaker: Inasmuch as our Secretary is partially overcome, I will allow him to pick up a little bit while we have another part of the program. I will call on Dr. Baker.

Dr. Robert Baker (Oakland): Gentlemen of the House of Delegates: I, too, have a message to give. This is the report of the committee appointed by the Council.

Dr. Warnshuis, in the name of the officers and the Council of the Michigan State Medical Society we present you these small tokens of our regard and respect. We hope you may have many years of progressive success and happiness. It is my pleasure to present to you, Dr. Warnshuis, this and this. (Presenting a watch and traveling bag.)

The Speaker: A wrist watch. It has some engraving on it. I hope I read the right engraving. "Frederick Warnshuis, from the Council of the Michigan State Medical Society, 1934." (Applause.)

RESPONSE OF THE SECRETARY

The Secretary: Mr. Speaker, Dr. Biddle, Dr. Baker, my Friends of this House of Delegates of the Michigan State Medical Society, and Members of the Council: There are times, and this is one of them, when words fail to express the thoughts that arise within one or the emotions that are created by a demonstration such as you have given me this evening. Oliver Wendell Holmes once said that there were three occasions in life when one might speak about himself and consider himself the center of interest. Those three occasions were when he was born, when he was christened, and when he was buried. Then he goes on, in his farewell address to his class of Harvard, and says: "There are other occasions when one may be justified in reminiscing some of the events of life and not be considered egotistical."

So with that precedent this evening possibly I could reminisce over this period of twenty-two years in which I have been privileged to serve the Michigan State Medical Society and its individual members. I prefer not to do so.

It is not an easy thing to sever oneself from an association with friends that has been going on for a period of some thirty-two years. One is filled with many conflicting emotions.

I know I might go back in the by-paths of our organization and its activities and brush away the foliage that time has grown over the footsteps of those who have traveled on these by-paths. If there is anything I have done for the good of the profession of Michigan, I am very humble in saying, and sincerely so, that it wasn't because of me, but it was because of the inspiration of such men as Sawyer and Burr, of Vaughan and Darling, of Baker, of Dodge and Carstens, of Kiefer and Welsh, and of Laubaugh and Kay, men who led you and inspired you as well as they did me. This evening I wish to pay tribute to their memory, and to record our indebtedness for that which they gave for organized medicine in Michigan.

Then we are fortunate in still having with us men like Biddle, Petersen, Hume, Moll, Le Fevre, Hirschman, Robb, Connor, Brook and Randall, men who, too, have given of themselves and of their time, and who by their action and by their self-sacrifice have made Michigan what it is in organized medicine today. It has been my humble privilege to have been associated with them, and if I have served I am grateful that I have been able to add my bit.

I am going away—yes, but I am coming back. Mr. Speaker, as I grasp your hand, through you I grasp the hand of every member of our state organization. I am not going to say good-bye. I am only going to wish that fortune may be kind to you, and that fate may deal gently with you. We shall meet again.

The audience arose and applauded.

ELECTION OF DELEGATES TO A. M. A.

The Vice Speaker took the chair.

The Vice Speaker: You will observe in your program that the next order of business is that of the election of delegates and alternates to the A. M. A. If you turn to Page 5, you will observe that those delegates whose terms expire this year are Gorsline of Battle Creek, Brook of Grandville, and Luce, your Speaker, of Detroit.

If you are ready, the Chair will be glad to receive nominations for three delegates to the A. M. A.

Dr. George Curry (Genesee): I would like to place the name of Dr. Brook of Grandville as a delegate to the A. M. A. Dr. Brook has been a past President of this Society and certainly has given a long period of time of excellent service, and I think he deserves our consideration for nomination.

Dr. F. T. Andrews (Kalamazoo): Mr. Speaker and Members of the House of Delegates: A few minutes ago you listened to an eloquent speech. It falls far beyond my ability to present to you in any certain words the ability of the man I am about to nominate.

Two years ago I had the privilege of nominating this man, and in that time he has served you well. He has presented himself at the A. M. A. with confidence, and has made the position of the state of Michigan one in which it is to be envied. The name of this man who has served you so well is Dr. C. S. Gorsline of Calhoun County.

Dr. L. O. Geib (Wayne): I wish to nominate a man who needs no introduction, a man who is always ready to take the right side of any question and fight and see it through. I nominate Dr. Ellet of Berrien County.

Dr. Phillip Riley (Jackson): Mr. Speaker, two-thirds of the area of the state of Michigan is north of a line from Flint to Grand Rapids, and there is no representative above that line who represents us to the A. M. A.

I would like to nominate Claude Keyport of Grayling for the office of delegate. In view of the fact that for many years we had no delegate from the upper peninsula for northern Michigan, I would like to see a man represent that territory.

The Vice Speaker: Dr. Keyport of Grayling has been nominated.

Dr. L. G. Christian (Ingham): It has been said that we must have age in the House of Delegates of the A. M. A. We in this body have seen an individual who has impressed us with his sincerity, his ability on his feet, his clear thinking, and a man who can mix well.

I am about to present the name of an individual who has gone far in your estimation and mine, a man we believe can go farther in the A. M. A. I would like to present the name of Dr. Andrews of Kalamazoo. (Applause.)

The Vice Speaker: Are there any other nomination?

Dr. Roger V. Walker (Wayne): I want to nominate a man who all today has shown his ability to conduct meetings to the satisfaction of all of us, and a man who represents the State Society—Henry A. Luce.

The Vice Speaker: Dr. Luce of Wayne has been nominated.

Are there any other nominations?

Dr. J. M. Robb (Wayne): How many delegates are there?

The Vice Speaker: There are three to be elected.

Dr. Robb: Is there one to take the Secretary's place?

The Vice Speaker: I am guided by the program, Dr. Robb, in which nothing is stated with reference to the Secretary. How about that, Mr. Secretary?

Dr. L. J. Hirschman (Wayne): I think I can clarify this a little bit. We have coming up under unfinished business tonight an amendment to the By-laws, which would provide for a delegate to succeed Dr. Warnshuis. The amendment, according to the order of business, will not be brought up until this election is over. I believe, in order to do this in parliamentary fashion, it is well to complete this election at this time and then under unfinished business, if, as and when you pass this amendment, to nominate a man to fill that vacancy. The vacancy is not as yet evident, so we can't do anything about it until we get to unfinished business.

Dr. Karl Brucker (Ingham): I move that nominations be closed.

Dr. R. H. Denham (Kent): I second the motion.

The Vice Speaker: You all understood Dr. Hirschman's statement that the fourth one to substitute for the Secretary will be taken care of later.

Is there any discussion? If not, those in favor of the motion will say "aye"; contrary, "no." So carried.

The tellers will please distribute the ballots. You vote for three at this time.

Dr. H. J. Pyle (Kent): Do we understand that the three receiving the highest vote are elected?

The Vice Speaker: What is the wish of the House?

Dr. John Wessinger (Washtenaw): I move that the three highest nominated be elected delegates to the A. M. A.

Dr. L. J. Garipey (Wayne): I support the motion.

The Vice Speaker: You have heard the motion as supported. Is there any discussion? If not, those in favor of this motion vote by saying "aye"; contrary, "no." So carried.

Dr. F. T. Andrews (Kalamazoo): Inasmuch as I am a candidate, I desire that another teller be appointed.

The Vice Speaker: If it is the pleasure of the House, the Speaker will appoint another teller.

Dr. Karl Brucker (Ingham): Mr. Speaker, I would move that the three defeated candidates be the alternate delegates.

The Vice Speaker: I am sorry, but that is a separate election. The Chair so rules.

I wonder if Dr. Wenger of Kent will please substitute for Dr. Andrews of Kalamazoo. Likewise, I think we have a teller who has not worked. Will Dr. Huntington of Howell substitute for Dr. O'Meara, who is indisposed?

You are voting for three on one ballot, and not one.

Has everyone voted who is entitled to vote? If so, I declare the ballot closed.

The Secretary: Mr. Speaker, the ballot cast shows 35 ballots cast for Dr. Brook; 39 for Dr. Gorsline; 14 for Dr. Ellet; 32 for Dr. Keyport; 26

for Dr. Andrews; and 43 for Dr. Luce. The highest is Dr. Luce with 43; second, Dr. Gorsline with 39, and Dr. Brook with 35. (Applause.)

The Vice Speaker: Members, you have seen and heard the results of this election. I therefore declare Drs. Luce, Gorsline and Brook so elected as delegates to the A. M. A. (Applause.)

The next order of business is that of the election of alternates.

Dr. A. P. Biddle (Wayne): Mr. Chairman, it is always that in the election of those who represent us we should have different types of men.

I wish to nominate one who is an old character, as sincere a member of this Society as it has ever been my privilege to know. He comes from a small place. He knows the rural district. He knows what they need.

I have the pleasure of nominating Dr. T. E. Gurse of Marine City. (Applause.)

The Vice Speaker: May I remind you that there are three alternates to be elected, and according to the pamphlet those whose terms expire are the ones whom Dr. Biddle just placed in nomination, Dr. De Gurse of Marine City, Dr. Denham of Grand Rapids, and Dr. Ellet of Benton Harbor.

The Chair will entertain further nominations.

Dr. A. V. Wenger (Kent): I nominate Dr. Denham of Kent as alternate.

Dr. C. S. Gorsline (Calhoun): I would like to place in nomination the name of Dr. Andrews of Kalamazoo as alternate.

Dr. Roger V. Walker (Wayne): I move that nominations be closed.

The Vice Speaker: There is a motion before the House.

Dr. A. P. Biddle (Wayne): I second the motion.

The Vice-Speaker: The motion is that nominations for alternate delegates be closed. If there is no discussion, all those in favor say "aye"; contrary, "no." The "ayes" have it, and so carried. Ballots are closed.

Dr. L. J. Hirschman (Wayne): I move you, sir, that the Secretary be instructed to cast the ballot of this House for the three candidates named.

Several supported the motion.

The Vice Speaker: It has been moved and supported that the Secretary cast the ballot of the House of Delegates for these three names.

Is there any discussion? All those in favor say "aye"; contrary, "no." It is carried.

The Secretary: Mr. Speaker, your Secretary casts the ballot of this House for Dr. De Gurse, Dr. R. H. Denham, and Dr. F. T. Andrews as alternate delegates to the American Medical Association.

The audience arose and applauded as President-Elect Penberthy entered the room.

Dr. J. M. Robb (Wayne): I arise to a point of order. In the matter of electing alternate delegates, isn't it true that the alternate with the highest number of votes should take the place of the actual delegate who doesn't go?

The Secretary: I will answer that, Dr. Robb. You are electing your delegates at large, and therefore they can take anybody's place.

The Vice Speaker: The Chair therefore declares these three men elected as alternate delegates to the A. M. A.

Dr. H. J. Pyle (Kent): I would like to rise to a point of order. I can see how a situation could arise where one of these three men might be incapacitated. Who is going to determine who is going to be his alternate? This thing has come up before and caused dissatisfaction in the Society. I wish somebody would discuss it. Who determines that? This is the point Dr. Robb brought up, and I think it should be discussed.

The Secretary: The only thing I can say, Mr.

Speaker, is that in the past in determining who should serve in my capacity the Council has designated the alternate who should so serve.

Dr. Pyle: I don't think that is a thing for the Council to determine. It is a matter for the House of Delegates. If we don't know how to do it in our elections, we had better start all over.

The Vice Speaker: So far as my judgment is concerned, that probably would be something new to come under modification of the By-laws or the Constitution, if there is nothing in there quoting on it. My knowledge is nil on the subject.

Dr. E. D. Spalding (Wayne): May the election be reconsidered and the House vote on the order of their choice for delegate?

Dr. Karl Brucker (Ingham): I support the motion.

Dr. Phillip Riley (Jackson): If everybody votes for three, as he is entitled to, it would be a tie vote.

The Vice Speaker: I really can't see that we are getting anywhere. If a few fellows vote for only one, he is the leading man, but if everybody votes for three, and you are entitled to vote for three, it will be a tie vote and will be the same as it is now.

Dr. Roger V. Walker (Wayne): If you are going to have one ballot, can't you ballot one, two and three and indicate your choice? The highest number would be the first one, and you can indicate what you want first, second and third.

The Vice Speaker: There is a motion before the House by Dr. Spalding of Wayne.

Dr. Spalding: That the election be reconsidered, and the House of Delegates make their choice in the order of one, two and three in their order.

Dr. L. J. Hirschman (Wayne): Mr. Speaker, I dislike very much to take exception to one of my distinguished colleagues of Wayne, but you can't reconsider an election. The men have been duly elected and so declared by the presiding officer. However, that can be determined very easily in a very simple manner, as a good sportsman like you knows. I would suggest that these three gentlemen come forward and draw lots as to their order of precedence and that will settle the whole thing.

Dr. H. J. Pyle (Kent): I have never been an obstructionist. The more you stick to parliamentary rule the better the organization will get along. I am tickled to death these men were elected, but I do believe we should decide how they shall serve. I think Dr. Spalding is right. I think Dr. Hirschman's suggestion is wonderful, because I do not believe it should be vested in seven or eight men to say who shall go. I am making the suggestion that we have some definite way of determining who shall go as alternate. I am not an obstructionist, but for the good of organized medicine I make that statement. I think the suggestion of Dr. Hirschman is good, if these gentlemen will rise and let it be determined in that way.

Dr. F. T. Andrews (Kalamazoo): Personally, I am willing to gamble with the goddess of chance.

Dr. T. E. De Gurse (St. Clair): As one of the nominated alternates, I am willing to draw cuts.

The Vice Speaker: I don't think one wants to be shown favoritism over the other at all. Will those three gentlemen who were elected alternate delegates please come forward? (Applause.)

The Secretary: Mr. Speaker, I have three slips of paper on which their names appear. I suggest they be put in a hat, shaken up, and allow them to draw, and the order in which they draw is the order of their seniority.

The Vice Speaker: If it is not improper, I will ask Dr. Biddle to do the drawing. It is the wish of the Chair that the first name drawn shall be listed as No. 1 choice of delegate. The second name drawn is second, and No. 3 third.

The name that I read on this ticket is De Gurse. (Applause.)

The name that I read on this ticket is Andrews, and Denham for third.

May we deviate from the ordinary routine of business, gentlemen, for just a moment. I know you want to hear a word from a gentleman who has been sitting here shivering ever since he was elected. Shall we now hear from Dr. Penberthy?

The audience arose and applauded.

PENBERTHY ACCEPTS OFFICE OF PRESIDENT-ELECT

President-Elect Penberthy: Mr. Vice Speaker, Delegates, Officers, Ladies and Members of the Profession: You have extended a singular honor to Wayne County, and for Wayne County I express my appreciation.

I have attended meetings of the House of Delegates for a good many years, and one can't help but be impressed with the kindly spirit that prevails at present. The feeling between the State and the Wayne County group is excellent. Let's hope it continues. I think in some respects there has been perhaps a little paranoia on the part of the out-state men against Wayne County, and the same may perhaps be said of the Wayne County group. However, it is our wish that we all work as one, and I see no reason why we cannot "carry on" as a unified body.

Many problems confront organized medicine today, of all of which we are aware. One thing that stood out in the reports today was the word "contact." I have served on the Legislative Committee for several years, and in contacting the legislators, one feels it is quite a unique opportunity and a privilege—at least, one is given that impression. It means a great deal for the medical profession to stand as one body and become acquainted with the legislators.

In the Speaker's address this morning he spoke of the need for this contact. The Chairman of the Council made the same statement, and Dr. Bradley's report of course dealt with that very subject. We in Wayne are trying to carry out this idea of the State Society in contacting our legislators and trying to educate them. It has been my experience that some of them do respond. They probably will respond to the medical point of view, if we can get them interested in our problems before the election.

It behooves all of us to go back home and make every attempt to bring the legislators and those who have to deal with our problems out to the front, so that they may understand our problems, for, after all, we are interested in the welfare of the public. Our motive isn't selfish. It may appear so to many, but we are for organized, honest, upright good medicine.

The postgraduate opportunities that are going to be given out in the state are very attractive. I think, in order that we may keep abreast of the times and show the public that we are interested in the best medicine, that all who can, and all in the state, should avail themselves of the opportunity to attend these postgraduate courses.

I appreciate the responsibility that is placed upon me, and I will try to carry out my part of the program to the best of my ability. I hope I will have the cooperation of the Society, which has been given to the distinguished gentlemen who have preceded me.

Again I wish to thank you. (Applause.)

The Vice Speaker: Dr. Penberthy and I were classmates, so I take this opportunity to wish him well.

The next order of business is that of the election of Councilor for the 14th District, the retiring Councilor being Dr. Howard Cummings.

Dr. John Wessinger (Washtenaw): I arise to place in nomination Dr. Howard H. Cummings to succeed himself as Councilor of the 14th District.

The Vice Speaker: Dr. Howard Cummings to succeed himself. Are there any other nominations?

Dr. H. J. Pyle (Kent): I move that nominations be closed.

Dr. James O'Meara (Jackson): I support the motion.

The Vice Speaker: You have heard the motion. Is there any discussion? If not, all those in favor say "aye"; contrary, "no." Carried.

Will someone make a motion, therefore, that the Secretary cast the ballot in favor of Dr. Howard Cummings?

Dr. R. H. Denham (Kent): I so move.

Dr. Dean Myers (Washtenaw): I support the motion.

The Vice Speaker: Motion has been made and supported that the Secretary cast the ballot for the election of Dr. Howard Cummings as Councilor for the 14th District. Is there any discussion? If not, all those in favor say "aye"; contrary, "no." So carried.

The Secretary: Mr. Speaker, your Secretary does cast the ballot of this House for Howard H. Cummings as Councilor to succeed himself for a term of five years.

The Vice Speaker: The Chair therefore declares Dr. Howard Cummings elected as Councilor of the 14th District.

The next order of business is the election of Speaker of the House of Delegates.

Dr. H. J. Pyle (Kent): Never in all my experience in the State Medical Society have I seen so much beauty and so much power vested in the rear of a pair of glasses. I can't help but believe that the incumbent, the man who has served so well, if he serves two or three years will make a very good Speaker.

I would like to place in nomination the name of Henry Ashley Luce to succeed himself. (Applause.)

The Vice Speaker: Dr. Luce has been nominated. Are there any other nominations?

Dr. Phillip Riley (Jackson): I move that nominations be closed.

Dr. F. T. Andrews (Kalamazoo): I support the motion.

The Vice Speaker: Moved and supported that nominations, with the name of Dr. Henry Luce, be closed.

Dr. Andrews: I move that the Secretary cast the ballot for the election of Henry Luce.

The Vice Speaker: If there is no discussion on the previous motion, all those in favor say "aye"; opposed, "no." So carried.

The motion now before the House is that the Secretary be instructed to cast the ballot in the name of Dr. Luce. Was that supported?

Dr. L. J. Hirschman (Wayne): I support the motion.

The Vice Speaker: Is there any discussion? If not, all those in favor say "aye"; contrary, "no." It is carried. The Secretary will so cast.

The Secretary: Mr. Speaker, your Secretary casts the ballot of this House for Henry Ashley Luce as Speaker to succeed himself.

The Vice Speaker: The Chair declares Dr. Henry Luce elected Speaker of the House of Delegates.

The Speaker resumed the chair.

Dr. C. S. Gorsline (Calhoun): Is it a misprint that there were two Councilors to be elected this year?

The Speaker: It is. That was decided by the report given by the chairman of the Council, an arrangement so as to alternate the periods of election.

The next order of business is the election of Vice

Speaker. The Chair will now entertain nominations for Vice Speaker.

Dr. W. C. Ellet (Berrien): I move that Dr. Reeder be nominated to succeed himself as Vice Speaker.

Several supported the motion.

Dr. Karl Brucker (Ingham): I move that nominations be closed.

Dr. A. V. Wenger (Kent): I second the motion.

The Speaker: Moved that the nominations be closed, and supported. Those in favor say "aye"; those opposed say "no." It is carried.

Dr. L. J. Hirschman (Wayne): In spite of that opposition from Jackson, I move that the Secretary cast the ballot of this House for Dr. Reeder for Vice Speaker.

Dr. James O'Meara (Jackson): I support the motion.

The Speaker: Moved that the Secretary cast the ballot of this House for Dr. Reeder as Vice Speaker for the House of Delegates. Those in favor say "aye"; contrary the same sign. Carried unanimously.

The Secretary: Mr. Speaker, your Secretary casts the ballot of this House for Dr. Reeder as Vice Speaker to succeed himself.

The Speaker: Dr. Reeder, take a bow. (Applause.)

Dr. H. J. Pyle (Kent): Point of order. It is your duty to declare this Vice Speaker elected, which you haven't done.

The Speaker: I now declare Dr. Frank Reeder elected Vice Speaker of the House of Delegates for the year 1934-35 of the Michigan State Medical Society of the United States of America. (Laughter.)

Unfinished business. Has the chairman of the Council any unfinished business to bring before the House of Delegates?

Dr. B. R. Corbus: There are just one or two things I think I might comment upon. The first is that it would be the desire of the Council to have you establish a maximum amount which the Council could expend for the use of the Economics Committee under the resolution that was passed earlier in the evening.

The other is in reference to the Secretary of the State Society. The Council last night directed the President of the Society, the Speaker of the House of Delegates, the chairman of the Committee on County Activities, and a fourth man to be chosen by these three from the Council but from members who are not on the Executive Committee, to act as a scouting committee to investigate the qualifications of any proposed candidate for Secretary.

In the interval before the election of a new Secretary, the Council has directed your chairman to take over the duties. I am not unfamiliar with the workings of this Society. I have been chairman of the Council now for six years. On the Council for more than a decade. The office of the chairman of the Council and the Secretary's office have been very close. Daily communication between us has occurred. All problems affecting policy requiring immediate action have been acted on in these later years after we both have considered and discussed them.

I hope you will bear with me in the difficulties I shall probably have because, although I am familiar with the general workings of the Society to a considerable degree, there is much detail in that office which is extremely new to me. Indeed, it was not until these last few weeks when I have gone into the office and sat by the secretary's side that I have quite realized the multitude of details there are to running the office.

It might interest you to know that I asked Dr. Warnshuis how many pieces of first-class mail went over his desk, and I got the report the other day that out of the office went 8,958 pieces of first-class mail, and into the office came 6,000.

I know you will be kind in overlooking the deficiencies which you may find in my work in these next few months. I assure you I will give you the best I can. I hope you will feel free to call upon me, as free as you have felt in calling upon the retiring Secretary. (Applause.)

The Speaker: Under unfinished business is that particular feature which has been referred to by the chairman of the Council relative to a change in the By-laws providing for the election of another alternate.

Dr. L. J. Hirschman (Wayne): Mr. Speaker, I would move the passage of the amendment offered by me at a previous session, reading substantially as follows. It is an amendment to the By-laws, Section 4 of Chapter 4 under Duties of Officers. Insert after the word "Secretary" the following: "not necessarily a physician or member of the Society," so that it will read, "The Secretary, not necessarily a physician or member of the Society, shall be the custodian of all the records of the Society, he shall conduct all the official correspondence," and so forth. The amendment is the addition of these words, "not necessarily a physician or member of the Society."

That will open the way for this scouting committee of the Council to select a man who will be competent to handle the work of the Society whether he is a physician or whether he is not a physician.

I move you, sir, the adoption of this portion of the amendment.

Dr. F. T. Andrews (Kalamazoo): I support the motion.

The Speaker: Is there any discussion? Those in favor say "aye"; contrary, "no." I wish you would all vote. Again the Chair will ask for the "aye" vote; contrary, "no." The Chair is in doubt.

Those voting "aye" in favor of the proposed change stand and remain standing until the count is made. (Forty-five.)

Those opposed stand. (Fourteen.)

By vote of forty-five to fourteen you have carried the amendment.

Dr. L. J. Hirschman (Wayne): Further down in Section 4, in order to clarify this, the following words should be deleted: "And shall be an ex-officio member of these bodies." I will read it as it is now.

"He shall be the Recording Officer of the House of Delegates, the Council, Scientific Assembly and General Meeting and shall be an ex-officio member of these bodies."

The deletion of the words: "And shall be an ex-officio member of these bodies" is necessary if he should not be a member of the Society.

I move the amendment to delete those words.

Supported by several.

The Speaker: Is there any discussion?

Dr. Roy H. Holmes (Muskegon): Doesn't that obligate the Society, if we should decide to have a physician as Secretary, that he will not be ex-officio member? It seems to me it becomes rather imperative that he not be an ex-officio member if he is not a physician. It puts us on the spot to force us to have a layman as Secretary.

Dr. Hirschman: Not at all. It simply guards against putting a non-member in as ex-officio member. On the other hand, he can be designated as ex-officio member by amendment at that time. It keeps you from getting into a hole this way. Otherwise, you might get into a hole.

Dr. Roy H. Holmes (Muskegon): If the Council selected a Secretary in January, you would have to wait until the next meeting of the House of Delegates before you could change that again to make him ex-officio member.

Dr. L. J. Hirschman (Wayne): That is quite true. He could act as they do in other state socie-

ties where they have men who are not members.

The Speaker: Is there any further discussion? Those in favor say "aye"; opposed, "no." Carried.

Dr. Hirschman: One other amendment to clarify a situation which has arisen. According to the present By-laws, the Secretary shall act as one of the delegates. If the situation should arise where a non-member becomes Secretary, we would be in the anomalous position of naming a man ineligible to the office of delegate to the A. M. A.

Therefore, I move the deletion of sentence No. 4 under Duties of the Secretary, which reads as follows: "He shall act as one of the delegates of the Society to the American Medical Association." I move the deletion of this sentence and the renumbering of the other duties so that they will number consecutively from No. 4 on instead of from No. 5 on as at present.

Dr. W. R. Clinton (Wayne): I support the motion.

The Speaker: Is there any discussion? Those in favor say "aye"; contrary, "no." It is carried.

Dr. L. J. Hirschman (Wayne): Mr. Speaker, I wish to remind you that that creates another vacancy in the office of delegate to the American Medical Association, which should be filled under the head of unfinished business.

Dr. A. E. Catherwood (Wayne): I should like to nominate for this delegate to take the place of the Secretary, Claude R. Keyport of Grayling.

Dr. L. O. Geib (Wayne): I move that nominations be closed.

Dr. H. F. Dibble (Wayne): I support the motion.

Dr. J. M. Robb (Wayne): I appreciate Dr. Keyport's ability, and he is a very close friend of mine. But we have a senior alternate who also has served in the capacity of President of the organization. He has served rather continuously on the legislative procedure. He has been an outstanding man in his own county, and one whom I would like to see go down as a delegate to the A. M. A., and that is Dr. Carl Moll of Flint.

The Speaker: Dr. Carl Moll of Flint is nominated as the delegate.

Dr. H. W. Plaggemeyer (Wayne): I second the nomination.

The Speaker: Are there any other nominations? *Dr. F. J. O'Donnell (Alpena):* Isn't Dr. Moll already an alternate on an unfinished term?

The Speaker: He is.

Dr. O'Donnell: It doesn't seem to me he could be elected to finish another unfinished term as delegate unless he resigned from being the alternate.

Dr. H. F. Dibble (Wayne): In your book, if that is authority, it says Carl F. Moll's term expires in 1935. He has a few months until 1935.

Dr. L. O. Geib (Wayne): I believe this is out of order. I made a motion that nominations be closed, which was duly seconded. I think that motion has to be disposed of.

The Speaker: The motion was not put, Dr. Geib. *Dr. Carl Moll (Genesee):* Inasmuch as there is some misunderstanding in the matter, I will ask that my name be withdrawn.

The Speaker: Are there any further nominations? *Dr. H. J. Pyle (Kent):* I move that nominations be closed.

Dr. Karl Brucker (Ingham): I second the motion.

The Speaker: It is moved and supported that nominations be closed. Is there any discussion? All in favor say "aye"; opposed, "no." Carried.

Dr. L. O. Geib (Wayne): I move that the Secretary be instructed to cast the ballot for Dr. Keyport as delegate.

Dr. James O'Meara (Jackson): I support the motion.

The Speaker: Moved and supported that the Sec-

retary cast the ballot for Dr. Keyport. Those in favor say "aye"; opposed, "no." It is carried.

The Secretary: Mr. Speaker, your Secretary casts the ballot of this House for Dr. Keyport as delegate to the American Medical Association for a term of two years. (Applause.)

The Speaker: I declare Dr. Keyport elected as delegate.

Dr. J. M. Robb (Wayne): Since we have four delegates, isn't it necessary to have four alternates. Are you going to elect another alternate?

The Speaker: The Chair will entertain nominations for the fourth alternate. Will the Secretary give us a report?

The Secretary: Three alternates' terms expire this year, De Gurse, Denham and Ellet. The two that continue are Moll and Chester. You have elected three, so you have your five.

The Speaker: The chairman of the Council made a request relative to—will you state that, Dr. Corbus?

Dr. B. R. Corbus: Part of the resolution that was passed in regard to the Economics Committee. You will remember there was a portion of it which had to do with the finances, on which the House of Delegates voted that no moneys were to be spent for the use of the Committee on Economics except as they were designated by the House of Delegates. They also voted to continue the Committee on Economics.

What we are desirous of knowing is the amount of money which the House of Delegates desires to designate for the use of the Committee on Economics—I would say the maximum amount of money that the Council may expend for the use of the Committee on Economics for the coming year.

The Speaker: The chairman of the Council desires to be instructed by the House of Delegates.

Dr. W. C. Ellet (Berrien): I would like to ask the chairman of the Council what is the usual sum appropriated for the ordinary standing committees.

Dr. B. R. Corbus: That would be impossible to state because the committees vary to such a degree. Last year this House designated \$500 as the maximum which the Council should use for purposes of the Committee on Economics. I doubt very much if that amount will be necessary this year, but since we don't know what might come up the Council would like very much to have you designate that amount, and give us the authority to use so much of it as necessary.

Dr. F. T. Andrews (Kalamazoo): I move that the Council be instructed that they are to have \$500 to use at their discretion for the ensuing year for the purpose of maintaining the Economics Committee.

Dr. John Wessinger (Washtenaw): I support the motion.

The Speaker: Is there any discussion?

Dr. Roy H. Holmes (Muskegon): Can we have that read, the report of the Committee on Reports of Committees?

Dr. L. F. Foster (Bay): The gist of that was that the committee discouraged the expenditure of any funds other than the regular funds of the Michigan State Medical Society, and then only if and when they were made available by this House of Delegates.

The Speaker: Is there any further discussion? If not, those in favor say "aye"; opposed, "no." It is carried.

Is there any other unfinished business by any member of the House?

Dr. C. S. Gorsline (Calhoun): I want to call the attention of the House of Delegates, officers, and so forth, to the adjourned meeting taking place immediately after the adjournment of this meeting at the Tavern, which will be presided over by the

chairman of our committee, Dr. Clifford Brainard. Please be very prompt.

The Speaker: Mr. Secretary, is there any unfinished business on your desk after twenty-two years of service?

The Secretary: Nothing.

Dr. A. P. Biddle (Wayne): Before we adjourn, I move that the House of Delegates extend appreciation to the Speaker and to the Vice Speaker for the efficient manner in which they have handled this session—and the Secretary.

Dr. H. J. Pyle (Kent): I support that motion.

Dr. L. J. Hirschman (Wayne): May I inject myself in this long enough to relieve you, inasmuch as the Speaker and Vice Speaker are included in this. Dr. Biddle is so modest, but I have no modesty.

All those in favor say "aye"; contrary—if so, why?

The Speaker: Is there any other unfinished business? If not, the Speaker declares this House of Delegates adjourned without date.

The meeting adjourned at nine-thirty o'clock.

GENERAL MEETING

Wednesday Morning, September 12, 1934

The General Meeting of the 114th Annual Meeting of the Michigan State Medical Society, held in the W. K. Kellogg Auditorium, Battle Creek, Michigan, September 12, 1934, was called to order by President Le Fevre at eleven-thirty o'clock.

President Le Fevre: Ladies and Gentlemen: We are about to open the 114th Session of the Michigan State Medical Society. We will have the invocation by Dr. Miller.

Reverend Carlton Brooks Miller: Let us bow our heads and unite in the spirit of prayer.

In the spirit of the Great Physician, O God, we have gathered here for this meeting this morning, and we invoke Thy blessing upon those who are here, that mind and heart may be opened to the spirit of truth and progress.

Make us grateful, O God, for the opportunities that are before us to serve mankind, and give us the energy and the ability and the skill to do that work which is before us.

Guide us in all the deliberations of the day, and may all that is said and done here prove beneficial and helpful in the days of work that are ahead, so as we go away again to our several places in our hearts we shall be glad and we shall feel that we are better equipped to do that which Thou wouldst have us do.

May love, friendship, truth and progress be with us all this day. This we ask in Christ's name. Amen.

President Le Fevre: Dr. A. E. McGregor will give the address of welcome.

Dr. A. E. McGregor read his address of welcome.

ADDRESS OF WELCOME

A. E. MCGREGOR

The Calhoun County Medical Society wishes to voice through the office of its President a hearty and cordial welcome to the members of the State Society who have come to Battle Creek for our 1934 meeting. We offer you a friendly hospitality along with the facilities which we possess, hopeful that the hours spent together will be happily remembered. We are here to take up common problems which concern us, to learn whatever we can that will prove helpful, and to enlarge upon the friendships which grow out of these get-togethers.

It seems that we are living in a time when everyone and everything is being scrutinized and challenged. The medical profession has not escaped. But the proceedings of this meeting will show that all the discoveries which follow years of experience,

all the truth that comes from careful research, as well as our energies and abilities, is made available for the purpose of easing the aches and pains of humanity.

The Doctor has chosen a profession which serves humankind in a most practical way. Irrespective of money, color of skin or character, we obey the call to heal and repair the house of flesh and blood in order that life and usefulness may be prolonged.

We who compose the present generation of Æsculapians should be mindful of the long line of men who have gone before us, their loyalty and faithfulness to Truth and Progress. It is my sincere wish that when our sessions have adjourned you will return to your respective practices feeling that you have had a good time and that the Battle Creek meeting ranks among the best and the most helpful that you have ever attended.

President Le Fevre: The Secretary, Dr. Corbus, will make a general announcement.

The Secretary: At this time it is the custom to announce to this body the action of the House of Delegates. We ended our third session last night, and the thing which perhaps will be of most interest to the profession at large is the action of the House of Delegates in regard to the report of the Economics Committee.

The Committee on Economics has just issued a considerable sized volume on "Postgraduate Education and the Needs of the General Practitioner," which it regards as the most comprehensive study of this aspect of medicine that has ever been made.

I call it to your attention. As you read it I am sure that you will agree with the committee's appraisal. In the near future comments will be made upon it in THE JOURNAL.

The Committee on Economics in its final report ended by saying:

"It is the element of social responsibility that distinguishes the profession from a business or trade. In our social and economic structure, the profession stands out like a vein of gold running through quartz surrounded by the theories and practices of business. The wonder is not that the profession has been affected here and there by these influences. The wonder is that we may still point to and take pride in the acceptance of the responsibility which places the good of society in the forefront. The garment of leadership is not an easy one to wear. Its size is large, and when it falls upon narrow shoulders its folds tend to hamper and suffocate the wearer.

"The committee believes when the history of medical economics is written, Michigan will have been shown to justify her tradition."

The action of the House of Delegates was to this effect after long consideration:

"That the House of Delegates postpone action on health insurance, continue the Committee on Medical Economics, and hold itself ready for a special call if and when national or state programs of health insurance appear imminent."

ELECTIONS

In the elections of last night, Dr. Penberthy of Detroit was elected President-elect.

The delegates to the American Medical Association elected were Brook of Grand Rapids, Luce of Detroit, Gorsline of Battle Creek, and Keyport of Grayling. The alternates were De Gurse of Marine City, Andrews of Kalamazoo, and Denham of Grand Rapids.

Dr. Cummings of Ann Arbor was re-elected Councilor for his district.

The Speaker, Henry A. Luce of Detroit, was re-elected, and Vice Speaker, F. A. Reeder of Flint.

The place of meeting for next year has been left to the Council.

With this meeting and with the adjournment of the House of Delegates, Dr. F. C. Warnshuis retires as Secretary of this Society after twenty-two years of service to take the position of secretary-treasurer, and director of public relations of the California State Medical Society. From the House of Delegates and from the Council came, during the meet-

ing, an expression of our appreciation of him and the wish that he may be most successful in his new work.

By direction of the Council, during the interval between now and the selection of a new Secretary, the chairman of the Council has been directed to take over the office of Secretary as Acting Secretary.

INTRODUCTION OF PRESIDENT LE FEVRE

A while ago I was privileged to attend a dinner which was given to a man whom I am proud to be able to call friend. I learned much about him at that dinner that I did not know before. I knew him largely through our joint work on the Council of the State Medical Society. I knew or came to know the ideals he held for medicine. I came to appreciate his judgment. I came, as I knew him, to understand why he was willing to give, out of a busy practice, so much time to organized medicine and to his fellow practitioners through his years on the state board of registration and his many years on the Council. He has ever had a great desire to raise the level of medicine in this state and to be of help to his fellows.

But at this dinner I learned things that I did not know before. I learned that he had been born on an island in Lake Champlain, Grand Island, close to the Canadian shore, of French-Canadian stock, that he had come to the place where he has lived all his life at a very early age, that he had gone from this place to study medicine and had come back in early lumbering days to practice his profession, and that he had not been content just to practice his profession. I learned from the banker who talked that this banker had a great appreciation of this man's business ability, that he was a banker as well as a doctor. And I learned from the head of the Chamber of Commerce that to him more than any other man this community was indebted for activities which led to the establishment of large industrial plants. And I learned from his patients and his friends how they loved him.

He is a fortunate man who can look back to such a life, fortunate that he can hear these expressions of love and affection and appreciation, and know that he has been able to accomplish so much outside of the routine practice of medicine.

That man is our President. I feel strongly that the Michigan State Medical Society has honored itself by having this year such a president. I take pleasure in introducing to you Dr. George Le Fevre, President of the Michigan State Medical Society.

President Le Fevre then read his President's address.†

President Le Fevre: I have the greatest pleasure at the present time in introducing to you a man who is known by practically all the members of the medical profession. He is President of the American Medical Association and lives in Des Moines, Iowa, a very successful man in the profession.

I take great pleasure in introducing to you Dr. W. L. Bierring, President of the American Medical Association.

The audience arose and applauded.

PRESIDENT BIERRING'S ADDRESS

Dr. Walter L. Bierring (President of the American Medical Association): Mr. President, Members of the Michigan State Medical Society, Ladies and Gentlemen: In expressing my pleasure and privilege at attending for the first time a session of the Michigan State Medical Society and presenting the cordial greetings of the American Medical Association, I am conscious that all the ideals and purposes of organized medicine have been reflected so well here in the activities of this State Society.

†President George R. Le Fevre's address was printed in full in the October number of THE JOURNAL, M.S.M.S.

You have ever kept medical practice and medical education on a very high plane. Fortunate as you are in the traditions of 114 years of organization, greater than any other state here in the Middle West, you have traditions back of you which indicate the great place you have taken in American medicine.

One's thoughts must dwell upon that first great scientific experiment which had its beginning here on the northern shores of Michigan in the development of the pioneer physiologist of America. Dr. William Beaumont. Dr. Osler tells the story so well, and shifts the scene to that beautiful June morning in 1822 when there were gathered a gay company there on the shores of Lake Michigan in Mackinac, near where Fort Mackinac stood, the scene of many a conflict between the rose and the lily in the conquest for the western world. Here on this gay morning they were gathered to watch the return of the bateaux from the winter's hunt. A shot was heard in the village store. A young army lieutenant and Beaumont hurried to this store to find a French-Canadian who had been accidentally wounded by a gunshot wound causing an opening in the thorax and the abdomen which after a long process of healing developed an opening or fistula into the stomach, and the man and the opportunity had met.

The observations that were made there upon the function of the gastric juice and its influence on digestion were made the basis of all our knowledge upon this subject, confirmed so well by that great Russian physiologist, Pavlov, fully seventy-five years later. It is true that some of his work was done later on the fringe of civilization at Fort Crawford where Prairie du Chien now stands, but his real inspiration came here.

One's thoughts go to the many pioneers who have influenced so much the progress of medicine here in this state. One thinks of the influence of your two great universities, placing medical education upon a university basis. One thinks of this great educator, Dr. Victor C. Vaughan, and again of that great promoter of the higher standards of medical licensure, Dr. Beverly D. Harrison, who, during many years, helped to raise the standards of medical practice in this state.

In your more recent development of the continuing education of the doctor, you are only fulfilling what is the real purpose of medical education. It is not a study of but a few years within the walls of a medical college, but it is one continuous process of study through all the period of one's life, and by thus carrying to the individual practitioner the latest advances in medicine you have helped to keep the standard of your doctors on a very high plane.

It recalls a trite saying now that the evolution of medical education in America has been the marvel of the educational world, but one little realizes the progress that has been made unless he goes back to thirty years ago and recognizes the conditions as they existed then. One hundred sixty-two medical schools, many of them commercial in character, had very low entrance requirements. Only one in the entire list required a degree in the arts or sciences for admission to medicine. It will always be to the credit of the American Medical Association and to the medical profession of America that they had the courage to put their own house in order, and determined, by inspection and by investigation, to bring about a higher state of medical learning.

In the course of but fourteen years, to 1920, those 162 schools were reduced to 73. There are now 77 approved medical schools in this country, all on a university basis. All have a common requirement for admission. All have a uniform course of study. All are distinctly on a par with the highest medical institutions anywhere.

The American Medical Association thus, through its Council on Medical Education and Hospitals, has developed medical education in this country so that it is the equal of any. At the same time it has endeavored through its JOURNAL to transmit to its membership of 100,000 every week the latest advancements in the art and science of medicine throughout the world. Through the editing of nine special journals it has kept pace with all the advances in the different forms of specialized practice, and through the publication of Hygeia which, as you know, is the child of the Woman's Auxiliary, it has endeavored to bring to the public the real facts regarding the benefits of modern medicine. Thus it has helped to carry on that great plan of public education, to bring to the people, to the intelligent citizenship of this country, the real meaning of modern medicine and its achievements.

By these various means, through the radio, through various forms of speakers' bureaus, through lectures, and through publications we have developed a new type of clientele, more discerning and demanding much more in the grade of medical service than a generation ago, so that the type of doctor of tomorrow will have to be one with a broader training of cultural, scientific background, well trained in the clinical arts and particularly in the handling of human people. Perhaps much of his function in the future will be related to so-called preventive medicine, and he will be as much concerned with the maintenance of health as in the care of those who are sick.

The American Medical Association, through its Council on Education, has also done a great work in elevating the standards of specialized practice. It has recognized, as you have here in Michigan for a long time, that the day of the over-night self-styled specialist has passed. Now, through the influence of special examining boards that are formed from the leaders in the particular specialties, an individual is qualified by a long course of training and by a final qualification test, and is then recognized by his peers as a specialist in that particular subject. When registered then in the Directory of the American Medical Association, it comes to the public and to the profession who are the real specialists.

Thus in the medicine of the future there will probably be these two types of physicians: The common, the general practitioner, the family doctor; and the highly qualified specialist.

There are, of course, many changes going on in medicine, as you have often been told in that fine address of your President of the manner in which the Michigan State Society has endeavored to meet this challenge of a new order.

On the other hand, though, it should be remembered that society has ever governed the type of practice of its particular period, and at all times medicine has been able to adjust itself and to adapt itself to requirements of its particular period. While more complicated now with the many advances in scientific medicine, nevertheless we are fully confident that again medicine will be able to adapt itself to the new demands of a new society. Recognizing fully that in this advance in technology, in the great development of industrial medicine and industrialized service there are many more avenues of service, again we say we will be able to meet these as they come.

There has been much said about the knowledge of medicine, that it is not a matter of recent creation but is rather the accumulation of traditions through all the ages, the word from the teacher and the disciple, whether the written or the spoken word, which has come to us through a sequence of events. We can take any particular subject we have today, but possibly it can best be illustrated by the control of diabetes. It took 100 years from the days in

Leber's laboratory to the study of fats and sugars, to the development of special tests for the recognition of the type of sugar that is present in diabetes.

Again, the discovery of the different functions of the pancreas. As far back as 1888 it was determined by Fenarby and Wiechowski that there was something lacking in the pancreas, as shown by dogs that had been depancreatized, that produced the symptoms of diabetes. At the beginning of the century, it was found this was a particular ferment. The physiologist Schaeffer named it insulin. Many attempts were made to separate this extract, but it was left to Banting and Best on the north of us to demonstrate this extract and its use in dogs in which the pancreas had been removed. A year later its use in the human being was reported by McLeod. Finally, the cure or the control of this disease was found, taking many studies in different branches, on the other hand illustrating that ideas may lie dormant in the minds of men and yet, when they finally come to fruition, it is difficult to determine who is their progenitor.

On the other hand, there is an illustration in the old Greek relay race, where one runner passed the torch on to the next, and when the final race was run equal credit must be given to those who kept the torch burning and made the lamp burn a little brighter.

So there is an opportunity in these graduates of today, in those who will form the future membership of our state societies and our American Medical Association. To them we look for the contributions that are to come, to carry, as this State Society will, the lamp of science so that it will burn a little brighter in the progress of medicine for today, tomorrow, and the years to come.

Thank you. (Applause.)

President Le Fevre: I want to thank you, Doctor Bierring. It was a very nice talk.

Ladies and gentlemen, I now induct into office the member whom you have chosen to succeed me. He requires no citation as to his personal character or his standing as a distinguished member of the medical world—regent of the University of Michigan, a surgeon of note, a safe, sound leader.

I present to you your new President, and relinquish to him the office of President of the Michigan State Medical Society, symbolized by this badge. Ladies and gentlemen, I present President Richard R. Smith of Grand Rapids.

The audience arose and applauded.

President Smith read his prepared paper.*

President Smith: I now want to introduce to you our new President-elect, Dr. Grover Cleveland Penberthy of Detroit.

President-elect Penberthy: Mr. President, Dr. Bierring, Officers, Ladies and Gentlemen: The honor conferred upon me is appreciated, and I understand from what Dr. Smith has said that the program of the future means a good deal of responsibility for the incoming officers.

I know it is going to be a pleasure for me to assume this responsibility as best I can and to meet it. The confidence the Society has entrusted in me is appreciated, and again I wish to thank the membership of the Society and assure you that I will try to carry on and do my part in the future. (Applause.)

President Smith: This concludes the morning program. I wish you all a most successful year. You may be sure I shall do everything I can to make it so.

Thank you.

The meeting adjourned at twelve forty-five o'clock.

*The address of President-elect Smith appeared in full in the October number of THE JOURNAL, M. S. M. S.

DEPARTMENT OF SOCIETY ACTIVITY

ARTICLE 2—PURPOSE

Section 1. The purposes of this Society are to promote the science and art of medicine, the protection of public health and the betterment of the Medical Profession; and to unite with similar organizations in other States and Territories of the United States to form the American Medical Association.

ATTENTION OF MEMBERS

This issue of the JOURNAL is the most important and most informative issue of the year. It contains the minutes of our Annual Meeting. Please read it carefully. The suggestion is made that at your next County Society meeting you call upon your delegates to review the Committee Reports and the actions of the House of Delegates as recorded herein.

ANNUAL MEETING OF THE COUNCIL

Monday Evening, September 10, 1934

The Council of the Michigan State Medical Society convened in its 114th Annual Session in the W. K. Kellogg Hotel in Battle Creek, Michigan, at 7:30 p. m., September 10, 1934, Chairman B. R. Corbus of Grand Rapids presiding, with the following members of the Council present:

A. S. Brunk, Detroit; Julius Powers, Saginaw; Harlan MacMullen, Manistee; C. E. Boys, Kalamazoo; W. A. Manthei, Lake Linden; B. H. Van Leuven, Petoskey; Thomas P. Treynor, Big Rapids; Paul R. Urmston, Bay City; George C. Hafford, Albion; Henry E. Perry, Newberry; T. F. Heavenrich, Port Huron; Henry R. Carstens, Detroit; J. E. McIntyre, Lansing; F. A. Baker, Pontiac; Henry A. Luce, Speaker of the House of Delegates, Detroit; F. C. Warnshuis, Grand Rapids; President Le Fevre, Muskegon; Richard R. Smith, President-Elect, Grand Rapids; Wm. A. Hyland, Treasurer, Grand Rapids; J. H. Dempster, Editor of the Journal, Detroit; J. R. Bruce, Bruce Publishing Co., St. Paul.

Chairman Corbus introduced Mr. J. R. Bruce, who briefly addressed the Council concerning the publication of the JOURNAL.

On motion of Dr. Hafford, seconded by Dr. Brunk, the minutes of the Executive Committee were approved as printed.

Chairman Corbus presented the annual report of the Council, the subjects of which were considered seriatim and either adopted, rejected or corrected, following which Dr. Luce moved, seconded by Dr. McIntyre, and carried that the report of the Council as amended be approved as a whole.

Secretary Warnshuis presented the Membership and Financial report, and reported on unpaid notes receivable. It was moved by Dr. Luce, seconded by Dr. Boys, and carried that the matter of unpaid notes be made the business of the Councilors of the respective Districts in which the makers of the notes reside.

The Auditor's report and Secretary's resignation was presented by Dr. Warnshuis. It was moved by Dr. Carstens, regularly seconded, and carried that in compliance with the action of the Executive Committee the Acting Secretary be authorized to accept the auditor's statement and give the Retiring Secretary a release for the funds.

Dr. Baker made a preliminary report for the special committee appointed at the August 1 Executive Committee meeting to draw up a resolution of regret on the resignation of Secretary Warnshuis.

The matter of the request of the University of Michigan's Department of Graduate Medicine for \$1,500 was reported on by Dr. Warnshuis, and discussed by the Council. On motion of Dr. Hafford, it was regularly supported and carried that this matter be referred to the next meeting of the Council.

Chairman Corbus addressed the Council, and suggested that a scouting committee be appointed for the purpose of securing a Secretary for the Michigan State Medical Society. It was moved by Dr. Carstens that such a committee be appointed to consist of the Chairman of the Committee on County Societies, the Speaker of the House of Delegates, the President of the Society, and one other member of the Council not a member of the Executive Committee to be selected by those three; seconded by Dr. Hafford, and carried.

On motion of Dr. Luce, supported by Dr. McIntyre, the Council recessed until 12:15 o'clock Wednesday, unless sooner convened.

DON'T NEGLECT TO VOTE

Second Session of the Council

The Council convened at 12:30 in the W. K. Kellogg Hotel on September 12, 1934.

Present: Corbus, Heavenrich, Brunk, MacMullen, Van Leuven, Boys, Manthei, Carstens, Hafford, Perry, Powers, Cummings, Urmston, McIntyre, Treynor, President Smith, President-Elect Penberthy, Retiring Secretary F. C. Warnshuis.

FUNDS FOR POST GRADUATE EXPENSES

Doctor J. D. Bruce presented a request for financial aid in creating Post Graduate Courses projected for different centers during the coming winter. He discussed the probable expense, a portion of which he requested the State Society to bear. Upon motion of Doctor T. F. Heavenrich, properly seconded and carried, the Council appropriated \$1,000 for this purpose and as a part of the motion provided that the money so appropriated was to be disbursed as the statements were rendered.

ELECTIONS

Doctor Warnshuis in the chair. The first order of business was the election of Chairman for the ensuing year. Doctor Paul R. Urmston nominated Doctor Julius Powers as Chairman and was supported by Doctor Harlan MacMullen. On Doctor J. E. McIntyre's motion, duly seconded and carried, the Secretary was directed to cast the ballot for Doctor Julius Powers as Chairman of the Council. The Secretary did so cast and Doctor Powers was declared elected.

Doctor A. S. Brunk nominated Doctor T. F. Heavenrich for the office of Vice-Chairman. The motion was properly seconded and upon proper motion the Secretary was directed to cast the ballot for Doctor Heavenrich. The Secretary did so cast and Doctor T. F. Heavenrich was declared elected.

Upon motion of Doctor B. H. Van Leuven, properly seconded, Doctor J. E. McIntyre was elected Chairman of the Publication Committee.

Upon motion of Doctor Thomas P. Treynor, properly seconded, Doctor C. E. Boys was elected Chairman of County Societies.

Upon motion of Doctor T. F. Heavenrich, properly seconded, Doctor Henry R. Carstens was elected Chairman of the Finance Committee.

By action of the Society, the Executive Committee for the coming year will be:

Dr. Julius Powers—Chairman
Dr. T. F. Heavenrich—Vice Chairman
Dr. C. E. Boys—County Societies
Dr. Henry Carstens—Finance
Dr. J. E. McIntyre—Publication
Dr. H. A. Luce—Speaker of the House

There being no further business, the Council adjourned.

B. R. CORBUS,
Acting Secretary.

MINUTES OF THE EXECUTIVE COMMITTEE OF THE COUNCIL OF THE MICHIGAN STATE MEDICAL SOCIETY

The Executive Committee of the Council of the Michigan State Medical Society met in Lansing, Michigan, on October 4, 1934, at 7 o'clock. The following members were present: H. A. Luce, J. E. McIntyre, T. F. Heavenrich, C. E. Boys, H. R. Carstens, President Richard R. Smith, and President-Elect G. C. Penberthy.

The Secretary presented a statement of the finances of the Society and reported upon the delinquent members and upon the notes receivable.

The Secretary reported upon the sale of the report of the Economic Survey and Plan and the report on the Post-Graduate Medical Education.

The Secretary presented a communication from the Chairman of the Cancer Committee in regard to a proposed cancer survey by the American Society for the Control of Cancer, the plan having the approval of his committee. On motion by Luce, seconded by McIntyre, the Executive Committee voted to extend an invitation to the American Society for the Control of Cancer to conduct a cancer survey of Michigan along the lines outlined in their communication, subject to the understanding that there is to be no expense to the Society.

President Smith made the following committee appointments which were confirmed.

Legislative Committee.—James B. Bradley, Chairman, Eaton Rapids; L. G. Christian, Lansing; Philip Riley, Jackson; William Hyland, Grand Rapids; L. J. Gariepy, Detroit.

Woman's Auxiliary Advisory Committee.—L. J. Hirschmann, Chairman, Detroit; J. Milton Robb, Detroit; Wm. R. Torgerson, Grand Rapids.

Radio Committee.—Wm. J. Stapleton, Jr., Chairman, Detroit; R. J. Himmelberger, Lansing; Kenneth Lowe, Battle Creek.

Maternal Welfare.—A. M. Campbell, Chairman, Grand Rapids; Harold Mack, Detroit; Harold Hurley, Jackson; Norman Miller, Ann Arbor; Max Burnell, Flint.

Preventive Medicine.—L. O. Geib, Chairman, Detroit; C. T. Ekelund, Pontiac; Roy Holmes, Muskegon; G. M. Byington, Battle Creek; J. J. O'Meara, Jackson; C. R. Keyport, Grayling; L. F. Foster, Bay City; F. B. Miner, Flint; A. L. Callery, Port Huron.

Therapeutics.—Louis Le Fevre, Chairman, Muskegon; Edgar E. Poos, Detroit; Milton Shaw, Lansing.

The Chairman of the Council appointed the following Committees:

Finance Committee.—Henry R. Carstens, Chairman, F. A. Baker, Henry Cook.

County Societies.—C. E. Boys, Chairman, B. H. Van Leuven, Paul R. Urmston.

Publication Committee.—J. B. McIntyre, Chairman, A. S. Brunk, Howard H. Cummings.

The Secretary presented an ethics complaint from Wayne County Society. The matter was referred to the Secretary with instructions to obtain further information.

The Committee discussed and took the first steps towards the institution of a program which would look to the correlation and direction of committee activities.

In the furtherance of this program the Secretary was instructed:

(A) To communicate with the Chairman of the Radio Committee advising him that it is the desire of the President and the Executive Committee that as a part of their program they include several broadcasts on *The Incidence of Sickness as a Liability for Which Provision Should be Made*.

(B) To suggest to the President of the Woman's Auxiliary that the above topic be included in the year's program for discussion and especially before lay audiences.

(C) To communicate with Dr. W. D. Henderson of the Joint Committee on Public Health Education suggesting that this Committee consider the advisability of featuring this subject during the coming year.

(D) To notify the Chairman of the Preventive Medicine Committee that it is the desire of the Executive Committee that this Committee join in this correlative program and to submit to the Chairman certain matters properly coming under this Committee for study and consideration of policy, with the request that on the completion of their study a report be made to the Executive Committee.

President Smith reported progress on the so-called Scouting Committee for Secretary.

On motion by Luce, seconded by McIntyre, one thousand dollars was appropriated for the use of the Legislative Committee, to be paid on proper voucher from the Committee Chairman, this appropriation being within the budget.

President Smith presented a request that the Society appoint a representative on the Advisory Committee for Temperance Education, this being a part of the Women's organization for Non-Partisan Reform.

On motion of McIntyre, seconded by Carstens, the President was authorized to appoint such a representative.

The meeting adjourned at 11:30 p. m.

BURTON R. CORBUS, *Acting Secretary*.

OUR NEW TEACHING CENTERS

Four hundred and twenty-five members of the Michigan State Medical Society were in attendance on the opening days of the autumn courses at Battle Creek-Kalamazoo, Flint and Grand Rapids. I have been fortunate in being able to attend all of these sessions and have been greatly impressed and deeply gratified with the excellence of the presentations as well as the appreciation of the doctors, as evidenced both by their attendance and their interest in the problems under discussion.

Although our plans are maturing satisfactorily, we must continue to emphasize the reasons that have made a program of postgraduate education the most important objective of State Society activities. Many of us still actively engaged in practice recall that in our college course, and in the early days of practice, medicine was practically static. Changing views were being constantly advanced but these were the result of individual experience, which usually took small account of the hereditary, constitutional and

environmental influences that made one individual react quite differently from another. Thus, these views were quite devoid of usefulness for general application.

Through the utilization of many of the collateral sciences, particularly biology, physics and chemistry, a great body of factual data have been assembled in such a workable and fluid state as to permit us to speak with accuracy of medicine as a science. This data can now be taught as factual material, and applied in the daily practice of medicine toward more accurate diagnosis and more logical treatment.

The graduate of forty years ago, and previously, rendered a better quality of service than the graduate of today in relation to the sum total of medical knowledge. Advances were so slow in those days that if the doctor practised the things he had learned in college it was all that could be expected of him.

During the past forty years medical knowledge has greatly widened the doctor's field of usefulness and at the same time has imposed added obligations. To fulfill these obligations in the care of our patients we must utilize the best that science affords, or, at least, such an approximation as our surroundings permit. The doctor should know what constitutes good service, whether or not circumstances favorable to its application be present. This, in brief, is the purpose of providing a continuous program of education.

J. D. B.

THE ELI LILLY COMPANY GIVES A PARTY

To some four hundred guests from all parts of the United States, with a sprinkling from foreign countries, the Lilly Company of Indianapolis were hosts on October eleventh. The occasion was the dedication of their splendid new research laboratories, commemorating Mr. J. K. Lilly's lifelong interest in research. It was our privilege to be one of these guests and listen to Sir Frederick Banting tell the story of the early work which led to the discovery of insulin; to Sir Henry Dale of England, director of the National Institute for Medical Research and secretary of the Royal Society, in an inspiring talk on the Newer Chemical Ideas in Medicine; to be fascinated by Doctor Irving Langmuir, physicist and Nobel Prize winner, telling of the Unpredictable Results of Research, and to hear Doctor Elliott Joslin, Doctor George Minot, Doctor Carl Voegtlin, and many others. At a later period this Journal will print extracts from some of these remarkable speeches.

To the members of the Indiana State Medical Society in session at their annual meeting, the specially invited guests from out of town, and a number of lay friends, two thousand in all, the Lillys served a delightful luncheon, and in a nearby tent the dedicatory exercises were held.

Mr. J. K. Lilly as toastmaster, on the fiftieth anniversary of his graduation in Pharmacy, greeted at dinner in the evening, his four hundred guests at the Indianapolis Athletic Club. Business man of the highest type, philanthropist, vigorous supporter of those projects which will be helpful to humanity, maintaining, through his company, laboratories for pure research at the Marine Biological Laboratories, Woods Hole, Massachusetts, as well as at Indianapolis, financing special studies in coöperation with research groups in many universities and clinics, maintaining a full time staff of doctors and assistants where, in a ward assigned to them in the Indianapolis City Hospital, practical clinical research may proceed, it is fitting that on the face of the medal presented to him by Doctor Joslin, should be this inscription—"Explorer of the uncharted seas."

WOMAN'S AUXILIARY, MICHIGAN STATE MEDICAL SOCIETY

MRS. F. T. ANDREWS, President, Kalamazoo.
MRS. F. M. DOYLE, Secretary, Kalamazoo.

NOTES FROM THE 1934 STATE AUXILIARY MEETINGS

Battle Creek, Michigan
September 12 and 13, 1934

The 1934 Auxiliary Convention is now a matter of record. Those unable to attend missed the instructive benefits and good fellowship of such gatherings; those present were most royally entertained by the Battle Creek ladies and we hope carried home with them the enthusiasm which was manifested everywhere for the future programs of their local units.

The Auxiliary maintained its headquarters at the Battle Creek Sanitarium.

On Wednesday, September 12, the executive board met for luncheon and business with the County presidents as guests, at the Kellogg Hotel. Ten board members and eight County presidents were present. Reports and recommendations were given and a round table discussion was held with each County president presenting her local problems. Mrs. Elmer L. Whitney, president, presented an outline of program suggestions, a copy of which was given to each County president.

Following the luncheon, the visiting members enjoyed a trip to the Ann J. Kellogg School for underprivileged children. It is a magnificent building, most modernly equipped in every way for caring for children either mentally or physically handicapped.

Later that afternoon a tour through the Kellogg factory was enjoyed and a delightful tea was served in a beautiful improvised garden in the ball room connected with the factory. Each guest was given a lovely rose and a small container filled with Kellogg samples.

The "Bring-Your-Husband Dinner" served at seven o'clock at the Post Tavern, and attended by about 150 persons, was an outstanding social event. A splendid orchestra furnished music for dancing and a very talented vocalist entertained with songs during the dinner. The guests were then ushered into the ball room where between dances they were entertained by a magician and tap dancers.

On Thursday, at 10 a. m., the general business session was called to order by the president. Reports of officers and standing committee chairmen were given. Four Upper Peninsula counties have plans for Auxiliary units to be organized soon. We consider this of special interest because they will be the first Auxiliaries in the Upper Peninsula and we hope that other counties may soon follow.

Reports of County Presidents were given. Some stressed the social side alone, others sponsored health programs of various kinds, some raised money for scholarships, needy nurses funds, etc., but all seemed bent on the one thing—to help the medical groups in getting matters of importance to the laity.

It was voted to make Dr. Caroline Bartlett Crane, of Kalamazoo, the first honorary president of the State Auxiliary in recognition of the excellent work she accomplished in organizing the State group.

The following names, presented by the nominating committee, were unanimously elected:

Mrs. F. T. Andrews, Kalamazoo.....President
Mrs. A. M. Giddings, Battle Creek.....
President-elect
Mrs. J. A. McLandress, Saginaw..Vice President

Mrs. F. M. Doyle, Kalamazoo, was appointed Secretary-Treasurer.

The president's address followed:

"Work closely with your Advisory Board to avoid mistakes. . . .

"There are two phases of Auxiliary work: first, is that of Self-Education, and second, Public Relations work. Hold institutes. Use the Auxiliary meetings as the place to gain information and Public Relations work as a medium to use this knowledge in service to the public. . . .

"Support the policy of the National Congress of Parents and Teachers to encourage Summer Round-Up examinations in the office of the family physician in preference to organized clinics. . . .

"The amount of social and welfare work depends upon your own particular needs in your own counties.

"Read State Journals and A. M. A. Bulletin for information on all important medical problems."

A vote of thanks was extended the members of Calhoun County Auxiliary and Medical Society for the fine reception, excellent entertainment and educational programs which were tendered to the visiting members.

A beautiful shoulder corsage was presented to Mrs. E. L. Whitney, retiring president, by Mrs. Frank Hartman, president of the Wayne County Auxiliary, as a token of love and esteem from the Wayne County Group.

The meeting then adjourned until 12:30 when a most unusual and attractive luncheon was served in the dining room of the Battle Creek Sanitarium to one hundred and fifty members and friends of the Auxiliary with Mrs. F. M. Giddings, of Battle Creek, acting as toastmistress.

Dr. Walter L. Bierring, president of the A. M. A., was present and spoke briefly on the excellent work the Auxiliary was doing everywhere in the United States.

Dr. Richard Smith, president of the Michigan State Medical Society, praised the work of the Auxiliary and wished the Auxiliary much success in becoming state-wide.

Drs. Hirschmann, Robb and Heavenrich, members of the State Advisory Board to the Auxiliary, were present and gave short talks. Dr. Hirschmann was pleased with the prospective programs for the coming year. Dr. Robb stated:

"We have our backs to the wall and we feel that you are the people who can help us out. Gather information that will instruct the people as to the background of the cultist, etc. Correct the idea that doctors are wealthy because they are clean and prosperous-looking."

Dr. Heavenrich spoke briefly on state medicine and how it was insidiously gaining ground.

Mrs. G. Henry Mundt, of Chicago, the principal after dinner speaker, gave us many helpful suggestions in reference to our contacts and problems with anti-medical people. She stated: "Our motives are just as altruistic as the motives of any organization. . . .

"We can help our husbands help the public by giving them good medical legislation. If we do not do it, the outside organizations will do it to the detriment of the medical profession."

We consider this a most successful meeting. Programs were well arranged and very helpful. The hospitality of the Calhoun County Auxiliary is long to be remembered. We all left with a feeling of regret, but with a hope that we might some day return.

MRS. LLOYD C. HARVIE,
Chairman Press and Publicity.

THE NEED OF A WOMAN'S AUXILIARY

A majority of the medical profession, particularly those who have not been active in the organizational field, have expressed a doubt as to the need of a woman's auxiliary to organized medicine. To those who have carried the burden of office, there comes a realization that there is a necessary and vital place which the wives of doctors can fill.

With the complicated social structure which is a part of our civilization, there must be some link or liaison between the medical profession and society in general. This was not an essential in the preceding generation.

The busy practitioner of medicine can not possibly have the time—without neglecting his patients—to make the necessary contacts with the legislative bodies, with the press, with all the numerous organizations that compose any given community. These groups are interested in the problems of medicine and we are definitely interested in theirs. The medical profession is frequently condemned because of its narrowness of community vision and in the great majority of instances, this is not based in fact. The presentation of our beliefs, of our works, of our hopes have either not been presented at all or have been presented incorrectly.

Each county society needs an auxiliary for this definite community objective—rather than for social purposes.

Once organized, the first and most important duty is to properly educate the members so that they may understand not only the background of medicine but also its present day position and problems. This is but half of their education.

It is also their responsibility to study community needs in other lines of endeavor, so that these needs may be properly interpreted to the medical profession.

Then, and then only, will the wives of doctors be qualified to serve in a public relations capacity that will be of definite value not only to organized medicine but also to the communities in which they live.

* * *

Be interested! be informed! be intelligent! you wives of doctors, so that you may be auxiliary not only to the medical profession but also to the public!

J. M. ROBB, M.D.

Member of the Advisory Committee,
Woman's Auxiliary to the Michigan State
Medical Society, 1933-1934.

WAYNE COUNTY

The Woman's Auxiliary of the Wayne County Medical Society are arranging a "bring your husband" dinner which will be held at the Masonic Temple, Detroit, on the evening of November 9. Dr. G. W. Dwyer (Ph.D.), of Vanderbilt University, will deliver the address of the evening. Mr. Malcolm Bingay, editor of the *Detroit Free Press*, will act as chairman; Mr. Edgar Guest, the *Free Press* poet, will propose the toast to the Doctors' Wives, and Ann Campbell, poet of the *Detroit News*, will perform a similar function to the husbands. This is the second annual dinner. The popularity of the first, held a year ago, was attested by a large attendance. An equal, if not greater, attendance is anticipated at the coming event.

MICHIGAN'S DEPARTMENT OF HEALTH

C. C. SLEMONS, M.D., Dr.P.H., Commissioner
LANSING, MICHIGAN

ALLOCATING BIRTHS AND DEATHS TO RESIDENCE

A very important meeting was held at the Bureau of the Census in Washington the latter part of August at which arrangements were made to allocate all birth and death records to the place of residence.

An advisory committee of state registrars made up of Dr. W. T. Fales of Alabama, Dr. J. V. DePorte of New York, and Mr. L. W. Hutchcroft of Wisconsin, with Dr. W. J. V. Deacon of the Michigan Department of Health as chairman, met with the officers of the Bureau of the Census. The Honorable W. L. Austin, Director of the Census, opened the meeting, and Dr. Stuart A. Rice, Assistant Director, presided.

Under the existing laws of all states, births and deaths must be reported from the district in which they occur. There will be no change in this practice since this is the only possible way for these records to be kept. In the offices of the state registrars and in the Bureau of the Census, both births and deaths will now be allocated to the place of residence.

Cities having extensive hospital facilities have necessarily been charged with many deaths of non-residents, people coming to the hospital for treatment and dying while there. The increased use of hospitals for obstetrical cases has given rise to a similar situation in regard to births, the infant mortality rate being distorted by the unusual number of births. Unless the infant death occurred while the mother was still in the hospital, it was not charged to the community which was credited with the birth.

On the other hand, some cities have profited unduly by the fact that tuberculosis sanatoria and other hospitals are located outside of the city limits. When these deaths are allocated back to the cities, a material change is made in the rate.

It is, of course, immensely important that the vital statistics of a community reflect the actual conditions as nearly as they may be known, and the plan of allocation adopted by the Census upon recommendation of the advisory committee will be a much needed refinement in our statistical material.

It is urged that all physicians who attend births coöperate by being very particular to state carefully the residence of the mother. Where the residence of the father and mother do not agree, the birth will be credited to the residence of the mother.

W. J. V. D.

STREPTOCOCCIC SORE THROAT

On September 13 a call was received from Dr. W. A. Smith, Health Officer of Petersburg, asking for help and notifying us regarding an outbreak of streptococcic sore throat. The following morning a physician was sent from the state department of health to make a preliminary investigation. It soon appeared that the outbreak was milk-borne, but due to the fact that there was only one general supply for the village and all but about twenty families obtained their milk from this source, it took some time to prove this fact. Sufficient evidence was available so that the milk supply was shut off within twenty-four hours after the investigation was started. Subsequent investigation furnished all proof necessary to justify this action.

Up to date 111 cases have come to the attention of

physicians. A survey of all homes in the village is being made to determine how many cases there may have been without medical attention.

Practically all of the cases have been either regular customers of the milk supply involved or had opportunity to consume some of the milk within a few days previous to their attack. Only two or three of the cases so far noted have no histories of using the milk in question.

The cases have been quite severe. Nine deaths have occurred recently in the village, six of which were definitely due to the streptococcus infection which was the cause of the outbreak. Of the other three deaths, a diagnosis of encephalitis, unrelated to the streptococcal infection, appears to have been definitely established in one case. In the second case encephalitis appeared probable, while in the third there is considerable question as to whether the streptococcal infection may have been responsible.

A hemolytic streptococcus having cultural characteristics different from the streptococcus epidemicus was isolated from the throats of six patients, and the same organism was isolated from one-quarter of the udder of one cow out of a herd of twenty animals. This particular one-quarter of the udder of the cow in question showed definite evidence of acute mammitis and the milk from this quarter showed a yellow color, due to pus.

The milk in question was not pasteurized. The citizens of Petersburg are now convinced that pasteurized milk is the only safe milk.

C. D. B.

MALARIA IN MICHIGAN

Malaria cases reported in Michigan for the past year and a half, while not constituting a major health problem, have been sufficiently numerous to justify physicians being on the watch for cases. Michigan has been proved to have malaria-bearing mosquitoes, and a point of interest about some of the recent cases is the fact that they are of Michigan origin and not imported from the south, as we have been accustomed to expect.

The 1933 and 1934 cases have been grouped, as is usually true of malaria. Van Buren County has had a number, and at the present time Lansing has four Michigan-contracted cases.

Judging from the number of cases reported for the first nine months of 1934, this year will see a 50 per cent increase over last year. The total cases recorded in 1933 was sixty-three, and seventy-four have been reported for the first nine months of 1934. There were two deaths in 1933, one in 1932, four in 1931, and five in 1930. Older practitioners will recall when Michigan was one of the malaria states.

LABORATORY

The output of the biologic plant increased 20 per cent during the fiscal year ended June 30, 1934, taking the average of all products.

Dr. Max McKee of the United States Public Health Service Spotted Fever Laboratory at Hamilton, Montana, has been working in the Bureau of Laboratories, getting instruction in media making and testing for sterility and safety of biologic products. Dr. McKee was sent to Michigan by the National Institute of Health.

Two new volunteer technicians have joined the laboratory staff. Edith Heidlebaugh, B.S., from Ohio State University, is at the Western Michigan Division in Grand Rapids, and Mary Esther Evans, B.S., University of Wisconsin, and M.S., Montana State College, is working in the Lansing laboratories.

COUNTY HEALTH OFFICERS ON LEAVE

Dr. Ralph Ten Have, director of the Ottawa County Health Department, and Dr. A. B. Mitchell, director of the Allegan County Health Department, are on leave of absence for the year. Both have been granted Rockefeller Fellowships. Dr. Ten Have is studying at Johns Hopkins, and Dr. Mitchell is at Harvard.

Dr. Morton L. Levin is taking Dr. Ten Have's place in Ottawa County, and Dr. F. S. Leeder is supplying for Dr. Mitchell in Allegan County.

CHILD HYGIENE NOTES

A six weeks' series of Women's Classes was begun in Wayne County on September 10 by Dr. Ida Alexander. When this schedule is completed, Dr. Alexander will conduct a similar series in Berrien County.

Dr. Evelyn Weeks of Ann Arbor is carrying on the Women's Classes begun in Gogebic County by Dr. Corneliuson. Dr. Corneliuson is on leave of absence for a short time.

Child care classes in schools in Lenawee County are being taught by Bertha Cooper, R.N., and similar classes in Delta County are being conducted by Annette Fox. Both Miss Cooper and Miss Fox are staff nurses of the Bureau of Child Hygiene and Public Health Nursing.

REGISTRATION AT 114TH ANNUAL MEETING

September 11 to 13, 1934

Members by Counties

Alpena	2
Barry	7
Bay	7
Berrien	7
Branch	10
Calhoun	89
Cass	3
Chippewa-Mackinac	3
Clinton	1
Eaton	12
Genesee	30
Grand Traverse-Leelanau	1
Gratiot-Isabella-Clare	5
Hillsdale	10
Houghton-Baraga-Keweenaw	3
Huron-Sanilac	2
Ingham	39
Ionia-Montcalm	9
Jackson	23
Kalamazoo-Van Buren-Allegan	62
Kent	72
Lapeer	4
Lenawee	2
Livingston	3
Luce	1
Macomb	3
Manistee	4
Marquette-Alger	1
Mason	1
Mecosta	4
Monroe	1
Muskegon	11
Northern Michigan	2
Oakland	10
Otsego-Montmorency-Crawford-Oscoda-Roscommon-Ogemaw	2
Ottawa	8
Ontonagon	1
Saginaw	19
Shiawassee	5
St. Clair	8
St. Joseph	4
Tuscola	4
Washtenaw	23
Wexford	7
Wayne	105
Ladies, Guests and Exhibitors.....	338
Total	968

OBITUARY

Dr. George Russell Beck

Dr. George Russell Beck of Detroit is dead at the age of thirty-one years. He was one of the younger members of the Wayne County Medical Society and very popular with those who knew him best. He received his preliminary education in Detroit and graduated from the Detroit Eastern High School in 1919. After preliminary medical work at what is now the Wayne University he entered the School of Medicine at the University of Michigan in 1922, graduating in 1926. The next three years were spent as interne at Harper Hospital and also as Resident in Obstetrics and Gynecology at Herman Kiefer and Woman's Hospitals. Dr. Beck had been in private practice less than five years. He is survived by his wife, formerly Miss Janet Carleton of Lansing, whom he married last spring. The young couple were spending their vacation at Northport, Michigan when Dr. Beck was drowned on August 11, 1934.

Dr. James A. Kimzey

Dr. J. A. Kimzey of Detroit died at the age of fifty-seven years, following a heart attack while swimming at Belle Isle. He was a veteran of the Spanish American war. He is survived by four children, Albert, Blanche, Ruth and John, and four brothers, two of whom are physicians. Dr. Kimzey was an active member of the Wayne County Medical Society, Michigan State Medical Society and American Medical Association.

Dr. Robert G. MacKenzie

Dr. Robert G. MacKenzie, Frankfort, Michigan, died suddenly of a heart attack at 1:30 on the morning of Friday, June 8, 1934. He had attended the graduation exercises of the Frankfort High School on Thursday evening, where he saw his youngest son, John, graduate.

Dr. MacKenzie was born in 1882 at Chester, Illinois, the son of a physician, William R. MacKenzie, who was a graduate of the University of Michigan Medical School in 1873, and Nellie Gordon MacKenzie. He was graduated from Smith Academy, St. Louis, Missouri, and received his medical degree from the University of Michigan in 1907. He was married to Marian Cole of Chester, Illinois, in 1908.

Dr. MacKenzie started practice in Ann Arbor as assistant to the late Dr. C. G. Darling, and also was the staff of the late Dr. C. DeNancrede. In 1911, he was appointed head of the obstetrical department of St. Joseph's Mercy Hospital and helped to dedicate the new building in 1915. He continued his practice and connection with the Hospital until 1926, when ill health brought on by his heroic work during the influenza epidemic of 1918 and 1919 forced him to abandon his Ann Arbor practice. He moved to Frankfort and took over the practice of Dr. H. J. Kinne.

Soon after his graduation from medical school, Dr. MacKenzie studied in Vienna and was a member of the Vienna branch of the American Medical Association. He was a member of the American Medical Association, Delta Tau Delta, Phi Rho Sigma, Zeta Gamma Grotto, and of the Masonic organization. In 1913, Dr. MacKenzie was elected mayor of Ann Arbor, the youngest mayor the city ever had.

Dr. MacKenzie combined in a most happy way the best expression of modern practice, while exemplifying the finest qualities of the time-honored

family doctor. His sincere interest in all those coming to him would have made him loved and trusted even without the skill which he possessed to such a high degree. The writer was fortunate in knowing him in his early days of practice in Ann Arbor, and later in Frankfort where he had to be content with a less active life. Although handicapped in health he never complained but continued to the last to give his best. And his best was good, indeed.

He leaves his widow, Marian C. MacKenzie and two sons, Robert and John, now living in Ann Arbor; his mother, Mrs. Wm. R. MacKenzie, of Chester, Illinois, and a sister, Mrs. Elmer Gant, of St. Louis, Missouri.

J. D. B.

Dr. George B. McCallum

One of the most useful professional lives that Monroe County has known was brought to an end October 1, 1934, when death claimed Dr. George B. McCallum. Doctor McCallum was born October 5, 1855, at Ann Arbor and came to Monroe to practice in 1881. He was one of six physicians who on October 31, 1895, met to form the Monroe County Medical Society.

It is of interest to note that his interest in scientific medicine caused him to establish a large clipping file which was well indexed and which four years ago exceeded 50,000 clippings.

Doctor McCallum was an honorary member of the Michigan State Medical Society. A brother in Pontiac is the closest surviving relative.

The following resolutions were passed by the Monroe County Medical Society:

WHEREAS, Dr. George Barclay McCallum, a founder and charter member of the Monroe County Medical Society, has passed from our midst into the Great Beyond, and it is the desire of the society to testify its respect for his career among us and for his sterling character: Now, therefore, be it

RESOLVED, That we, the members of the Monroe County Medical Society, do make this record of our affectionate regard for our departed friend and brother physician. He was one of a small group who organized this society. He was its first secretary. Its original constitution appears in the record-book in his painstaking handwriting. Up until recent years when his strength began to wane, he was a regular attendant of the society meetings and participated in its various activities.

His long career as a physician was one of highest integrity and professional and scientific attainment. His kindness to all, his charity to the needy, his unwearying effort in the care of the sick are well known to his fellow practitioners and to the community in general. They have earned for him a monument of respect in the minds of all who knew him.

RESOLVED, That these resolutions be entered upon the minutes of this society, and a copy thereof be sent to the family of our late brother.

FLORENCE AMES, Secretary.
Monroe County Medical Society.

VALUE OF FRIEDMAN TEST IN DIAGNOSIS OF INTRA-UTERINE AND EXTRA-UTERINE PREGNANCY

Morris A. Goldberger, Udall J. Salmon and Robert T. Frank, New York (*Journal A. M. A.*, Oct. 20, 1934), point out that in 1,093 normal intra-uterine pregnancies the percentage of false positive Friedman tests was 0.09. The percentage of false negatives was 0.55. This small percentage of error, as compared to other reports, is attributed to the fact that duplicate tests were performed. At least 3.4 per cent of rabbits appear to be refractory to the Friedman test. In ectopic pregnancy, the percentage of false negatives in a series of forty-four cases was 32. The high percentage of negative tests in ectopic pregnancy is accounted for by the presence in these cases of dead or degenerated villi. In both intra-uterine and extra-uterine pregnancies the Friedman test is dependent on the viability of the chorion. In missed abortion the Friedman test may remain positive for as long as thirty days after death of the fetus. In incomplete abortion the Friedman test may be positive. The presence of a viable fetus can be determined by study of the female sex hormone of the blood. In the diagnosis of ectopic gestation the Friedman test is of value only in cases in which it is positive. If the test is negative in a case of suspected ectopic pregnancy, the clinical history and observations should determine the diagnosis.

GENERAL NEWS AND ANNOUNCEMENTS

David Stapleton of Detroit, son of Dr. and Mrs. W. J. Stapleton, Jr., was married to Miss Mary Philips of New Jersey on August 30.

Dr. and Mrs. N. A. Herring of Niles, Michigan, left for an extended automobile tour through the Southern States to St. Petersburg, Florida, where they intend to spend the winter.

Dr. Kenneth C. Pierce of Dowagiac, and Miss Gertrude Eckhout of Ann Arbor were married on October the ninth. Dr. Pierce is the oldest son of Dr. and Mrs. Frank Pierce of Detroit.

Miss Marian Davis of Ann Arbor, daughter of Dr. and Mrs. James E. Davis, was married to Dr. G. W. Hammond of Ann Arbor on October 1, 1934. Dr. James E. Davis, father of the bride, is Professor of Pathology at the Wayne University, Detroit, and Dr. Hammond, the groom, is on the staff of the University Medical School.

Of 3,539 hospitals of 25 beds or more in the United States and Canada included in this year's survey, 2,480 won places on the list approved by the American College of Surgeons. Those in the Detroit area are: Charles Godwin Jennings Hospital, Children's Hospital of Michigan, Delray General, Detroit Eye, Ear, Nose and Throat; East Side General, Evangelical, Deaconess, Florence Crittenton Hospital and Home, Grace, Harper, Henry Ford, Herman Kiefer, Jefferson Clinic and Diagnostic, Lincoln, Michigan Mutual, Parkside, Providence, Receiving, St. Joseph's Mercy, St. Mary's, United States Marine, Woman's, Eloise Infirmary, St. Francis Hospital of Hamtramck, Highland Park General, Wyandotte General.

A group of twenty-one physicians of this state has been added to the list of this year's special lecturers in post-graduate medicine at the University of Michigan by action of the Board of Regents. The group now numbers eighty. The new men from Detroit are: Drs. William Blodgett, John J. Corbett, Ward H. Harryman, Harther L. Keim, John C. Montgomery, Richard H. Morgan, Robert C. Jamieson, William S. O'Donnell, Charles W. Peabody, Frank J. Sladen, George Van Rhee and Donald C. Young; Kalamazoo—Charles E. Boys; Grand Rapids—A. M. Campbell, Thomas D. Gordon and John T. Hodgen; Flint—Myrton S. Chambers; Battle Creek—Elmer L. Eggleston, Martin A. Mortensen and Russell L. Mustard, and Ypsilanti—Orus R. Yoder.

CAPTAIN ALLEN McLEAN

The numerous friends of Dr. Angus McLean of Detroit extend their sympathy in the death of his brother, Captain Allen McLean, of San Diego, California. The death of Captain McLean occurred at his home September 29. The remains were cremated and burial took place in the Arlington National Cemetery, Washington, D. C. Captain Allen McLean graduated from the Detroit College of Medicine in 1895 and served his internship in Harper Hos-

pital. He entered army service immediately, serving with the Thirty-first Michigan Infantry in the Spanish-American War. He spent most of his life in medical service in the Navy. Both Dr. Angus and Dr. Allen McLean served in Paris with the Peace Commission, Captain McLean receiving his appointment from Josephus Daniels, Secretary of the Navy in President Wilson's cabinet. He was retired from active service three years ago because of poor health. Captain McLean was born sixty-two years ago in Oxford, Michigan.

UNIVERSITY OF MICHIGAN PEDIATRICS

The 1934 meeting of the University of Michigan Pediatrics and Infectious Disease Society will be held in Ann Arbor, November 23 and 24. Every physician interested in the program is invited to attend this meeting. The program will consist of brief talks averaging less than fifteen minutes. Friday, November 23, at two o'clock, a Clinical session will be held. The subjects and speakers are as follows: "The Early Diagnosis of Whooping Cough and the Use of Vaccine as a Preventive Measure," Dr. L. W. Sauer, Evanston, Ill.; "Leprosy in Children," Dr. Malcolm Soule, Ann Arbor; "Report of a Severe Case of Tetanus with Recovery—Special Reference to Treatment," Dr. P. S. Bradshaw, Ann Arbor; "The Feeding of Premature Infants," Dr. Harold Rothbart, Ann Arbor; "Report of a Case of Pylorospasm," Dr. M. H. Worth, Ann Arbor; "Unusual Congenital Deformities" (Lantern slides), Dr. M. Cooperstock, Marquette; "Influenzal Meningitis—The Treatment by Influenzal Meningitis Serum," Dr. Harry Towsley, Ann Arbor; "The Value of Venoclysis in the Infectious Diarrheas of Infancy," Dr. P. S. Bradshaw, Ann Arbor; "Hypoglycemia in Children, Its Clinical Picture and Treatment, Report of a Case," Dr. Joseph Jaudon, Ann Arbor; "Myasthenia Gravis in Children, Report of a Case," Dr. Harold Rothbart, Ann Arbor; "Report of a Case of Chronic Infectious Arthritis (Stills Syndrome) Successfully Treated with Foreign Protein," Dr. Harry Towsley, Ann Arbor.

The evening session will consist of an open forum on Endocrines, when the following subjects will be presented: "The 1934 Status of Research on Endocrines," Dr. E. A. Sharp, Detroit; "Endocrinopathies Related to the Pituitary During Infancy and Childhood," Dr. R. L. Schaefer, Detroit; "Endocrinopathies Related to the Thyroid During Infancy and Childhood," Dr. John L. Law, Ann Arbor.

Saturday morning, November 24, there will be a scientific session on the subject of Allergy with papers as follows: "The Effect of Pollen Therapy on Skin Test Sensitivity in Relation to the Relief of Symptoms," Dr. Samuel Levin, Detroit; "The Standardization of Allergic Antigens for Intradermal Testing and Treatment," Dr. D. M. Cowie, Dr. Emma Wardell; "The Preservation of Allergic Antigens Against Bacterial Contamination and Color Change. B. The Prevention of Skin Irritation Induced by Intradermal Testing," Dr. Meryl Fenton, Ann Arbor.

DR. F. E. HANSEN SEES STATE MEDICINE IN OPERATION

Dr. F. E. Hansen of Detroit has just returned from a two months' sojourn in Europe. The larger portion of this time was spent in post-graduate work at the municipal hospital of Copenhagen, Denmark. Dr. Hansen reports spending a very interesting time, during which he had splendid opportunities for observing the practice of medicine in

one of the smaller countries of Europe. He says that Denmark has a system of state medicine, so-called, with all the term applies; that is, it applies to those with incomes less than what would correspond to \$1,200 a year in American money at the present rate of exchange, who receive medical care in the hospitals which are owned and operated by the State. There are a good many doctors, however, in Denmark who are in private practice and all are apparently doing well. No citizen whose annual income is over \$1,200 is eligible for this kind of medical care. He must employ a private physician. Dr. Hansen says that even in private practice the patient can not get out of paying his physician his fee; if he refuses to meet this obligation, payment must be made to the physician by the municipality, who will in turn come on the recalcitrant patient for it.

Asked if he thought state medicine would be a good thing for the State of Michigan or the United States, he replied that he would not care to see state medicine adopted in this country even though it appeared to give satisfaction in Denmark. It would interfere materially with the old time professional relations between physician and patient and it tended to produce a sort of class system among the medical profession whereby those attached to the state-owned hospitals looked with a certain contempt on the outside doctor. Dr. Hansen, however, reported general prosperity in Denmark, both among the laity as well as the general medical profession. This was due largely to the fact that Denmark was an agricultural country with an ideal market for her produce in England. He was very favorably impressed with the post-graduate facilities offered in Denmark's capital. He said that leaders of the profession took the utmost pains with the American doctor, whom they addressed fluently in the English language. Copenhagen as a medical center had not been tainted with commercialism, as have been some of the better known post-graduate centers in Europe.

TREATMENT OF AMEBIASIS

Alfred C. Reed, San Francisco (*Journal A. M. A.*, October 20, 1934), discusses the treatment of amebiasis in strictly practical terms as condensed from soundly supported scientific evidence and personal experience. Since the introduction of ipecac into Europe in 1672, therapy has been influenced by three tendencies. 1. Ideas of etiology and methods of diagnosis have improved. 2. There was a tendency to use complex formulas and substances found useful in other diseases, the causes of which were biologically related, as in the case of quinine. 3. There has been the tendency to seek active principles, simple preparations and the exact methods of chemotherapeutic study, with attention to the relation between chemical structure and physiologic action. The author states that the scheme of treatment must be based on the colonic infection and gives the treatment in the seven general types of clinical picture that must be considered from the standpoint of treatment to be selected: (1) dysentery with acute, malignant onset and course, (1) dysentery or diarrhea with subacute onset and course, (3) chronic amebiasis with recurring, inconstant or absent symptoms, (4) extraintestinal abscess or ulceration, (5) complications of other diseases or of a surgical nature, and (6) sequels such as sprue, chronic simple colitis, chronic ulcerative colitis, cancer, chronic infections such as tuberculosis and mechanical defects such as stricture. To complete the classification, a final group must be added, (7) comprising toxic results of drugs used.

THE DOCTOR'S LIBRARY

Acknowledgment of all books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review, as expedient.

THE AUTONOMIC NERVOUS SYSTEM. By Albert Kuntz, Ph.D., M.D., Professor of Micro-anatomy in St. Louis University School of Medicine, second edition, enlarged and thoroughly revised, 679 pp., 73 figs., Lea & Febiger, Philadelphia, 1934.

The second edition of "The Autonomic Nervous System" is nearly a fifth larger than its predecessor of five years ago. Changes have been made throughout though the order and arrangement are the same. The first quarter of the work deals with the general anatomy, histology, physiology and development of the system. The next half is devoted to the innervation of circulatory, respiratory, digestive and genito-urinary organs and to the innervation of the eye and of skeletal muscle. Chapters are then devoted to referred pain, to autonomic pathology, to the system in disease and to sympathetic surgery. These latter chapters are considerably more expanded than in the earlier work. To a large extent, the book is a critical review of literature though in some cases contradictory studies are merely abstracted without comment. Nearly 120 pages of bibliography (almost twice the original amount) are given.

RECENT ADVANCE IN ANATOMY. By H. Woollard, M.D., Elder Professor of Anatomy, University of Adelaide, 302 pages, 73 figures, 4 colored plates. P. Blakiston's Son & Co., Phila., \$3.50.

In anatomy, the tendency of research is toward patient description of structural details. Such details are relatively meaningless in themselves and are often difficult to follow by those who are not trained anatomists. Consequently, the practising physician whose source book is Gray's Anatomy or some such textbook is unaware of progress in the field. Professor Woollard has selected from many fields of research those topics which either present important physiological relationships or are associated with new methods of research. He has ignored the purely descriptive subject matter of conventional anatomy. Some of the sixteen chapters deal with: microdissection, tissue culture, growth centers in development, vital staining, the changes of the female generative system, the cerebrospinal fluid, and the origin of blood cells. Several chapters deal with the functional anatomy of the nervous system.

NEUROLOGIC MANIFESTATIONS OF HYPERINSULINISM AND OTHER HYPOGLYCEMIC STATES

Edward H. Rynearson and Frederick P. Moersch, Rochester, Minn. (*Journal A. M. A.*, Oct. 20, 1934), limit their discussion to conditions that are the antithesis of diabetes, in which symptoms are produced by an insufficiency of sugar in contrast to an excess and they concentrate their attention more on symptoms than on pathologic conditions or on treatment, and especially on the preponderance of neurologic symptoms in these conditions. They emphasize the universal occurrence of neurologic and psychic symptoms in severe hypoglycemia and hope that through the cooperation of neurologists and psychiatrists many heretofore undiagnosed cases of hypoglycemia may be discovered. In the light of present inadequate knowledge, medical treatment is unsatisfactory, and it is only by early surgical exploration in these cases of hypoglycemia that adenomas of the island cells of the pancreas may be found and successfully removed. It is to be hoped that it will be possible to separate accurately the various types of hypoglycemia and to treat each type better.

The Secretary of the Society will please notify the State Secretary immediately of any errors or change in these offices.

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